Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	Box 202501 na, MT 59620											
Elementary District Re			Contract		County			Legal Entity				
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	ract	County			Legal Entity				
Billings H S					Yellow	stone		0966				
Is this contract share □ yes □ no	ed between e	lementary ar	nd high scho	ol?								
Are you applying for (If yes, please attact ISOLATION: Section	h explanation	)	□ No	mburgament	Student Name	<b>;</b>	School		Grade			
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate in the contract of t	o receive oproved by the	Student Name	<b>;</b>	School		Grade			
Check here only if incredistrict Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Student Name	<b>?</b>	School		Grade			
Elem District Approval	Elem District Approval						Student Name School Grade					
County Approval	□ yes	□ no			THIS CONTRA Grades 1-12	ACT IS FOR	<u>:</u>					
Parent or Guardian	Parent or Guardian Name: (Please Print)						2nd Semester Only	/ □ Both Seme	sters			
Dan MacDonald Physical Address (s		only):			Pre-kindergart □ 1st Semest		rten 2nd Semester Only	ν □ Both Seme	esters			
					KINDERGAR	TEN/PREKIN	NDERGARTEN:					
Distance from home Elementary <b>0</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		<b>by this contra</b> To or from Bus	act: s Stop	with other school-a times per day, _	days pe	er week			
Distance from home Elementary <b>0</b>	e to nearest bu HS <b>4.3</b>	us stop, if an	y (one way)		Kindergarten To or from Bus	child rides s Stop	times per day, _ without other schoo times per day, _	ol-age students: days pe	er week			
□ Contract is for o	ne-way only				To or from Sch	nool	times per day,	days pe	er week			
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadlines:	4- 0-1	I Olayla Ivya a 4					
	Pre-K	K	1-8	9-12	PARENTS: D							
De volen Trese	Total	Total	Total	Total	<b>CLERKS:</b> Se files.	nd original to	County Supt by July	1, retain a copy t	or your			
Regular Trans Spec. Ed. Trans					COUNTY SUF		ENTS: Send original	to OPI by July 10	), retain a			
Room & Board					оору юг усыг г		MBURSEMENT RA	ATE .				
Correspondence						(For distric	t, county and OPI	use only)				
Reg. Contingency						Reimburs	sement rate is determ	ined by				
Spec. Ed. Contin.							20-10-142, MCA.					
Agreement between	n parent (pare	nt name)			, and school di	strict (distric	t name)		,			
(county name) The parties agree as follow	MC.			County, hereinaf	ter referred to as the	District(s).						
The parent shall tra	ansport or provide				or bus stop on the days whe			an assures that a licens	ed and			
In March and June transported for the	, the District shall past semester.	pay the parent th	e sum officially a	pproved in the applica	ation upon certification by the	e teacher or princ	sipal of the school of the nun	nber of days the studen	t(s) was			
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school	year or when the	student(s) is no longe	42, MCA, and the information er enrolled in school, whichever		this contract.					
Elementary School	District	Chair, Boa	ard of Truste	es				Date				
High School District Billings H S	:	Chair, Boa	ard of Truste	es				Date				
			I attes	t that the above	information is true and	d correct.						
Signature - Parent or	Guardian						Date		<del></del>			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	3ox 202501 na, MT 59620	)-2501		School Year 2005- 2006  Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity			
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity			
Billings H S					Yellowston	e	0966			
Is this contract shar	red between e	lementary an	d high scho	ol?						
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	us? □ Yes	□ No		OtadartNarra	Oakaal	Orada			
(If yes, please attaction: Section	h explanation	)	increased rein	mbursement	Student Name	School	Grade			
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio sportation Com	n has been ap nmittee.	pproved by the	Student Name School Gra					
Elem District Approval		□ no	tials		Student Name School Grade					
HS District Approval County Approval	,	□ no			THIS CONTRACT	IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester O	nly   2nd Semester Only	y    Both Semesters			
Delilah Brown Physical Address (s	street address	only):			Pre-kindergarten/K  ☐ 1st Semester Or	indergarten nly □ 2nd Semester Onl	y    Both Semesters			
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L	HS <b>0</b> e to nearest bu HS <b>6.4</b> one-way only	us stop, if an	y (one way)	is contract.	by this contract: To or from Bus Sto To or from School Kindergarten chile To or from Bus Sto To or from School  Deadlines:	times per day,times per day,times per day,trides without other scho ptimes per day,times per day,times per day,to School Clerk June 1.	days per week ol-age students:			
Pogular Trans	Total	Total	Total	Total	<b>CLERKS</b> : Send or files.	iginal to County Supt by Jul	y 1, retain a copy for your			
Regular Trans Spec. Ed. Trans					COUNTY SUPERII copy for your files.	NTENDENTS: Send origina	l to OPI by July 10, retain a			
Room & Board					(For	REIMBURSEMENT RA				
Correspondence					(10)	district, county and or i	use offiy)			
Reg. Contingency Spec. Ed. Contin.					R	eimbursement rate is detern 20-10-142, MCA.	nined by			
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude transport shall   to past semester.	transportation for nts. Mileage con pay the parent the	the student(s) the student same valid of the sum officially achieved the student stude	o and from the school only when transportation approved in the applicated in Section 20-10-1	ter referred to as the Distri or bus stop on the days when scho on for the distance reported on the	ct(s).  col is in session. The parent or guard contract actually occurs.  er or principal of the school of the numer of the nume				
Elementary School			ard of Truste				Date			
High School District Billings H S	t	Chair, Boa	ard of Truste	es			Date			
			I attes	t that the above	nformation is true and cor					
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501		School Year 2005- 2006  Due to School Clerk June 1						
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity			
High School or K-12 D	District Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity			
Billings H S					Yellowst	one	0966			
Is this contract shar	red between e	lementary an	d high scho	ol?	<u> </u>					
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	us? □ Yes	□ No		Children None	Cabaal	Crada			
(If yes, please attaction: Section	h explanation	)	increased rein	mbursement	Student Name	School	Grade			
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incomplistrict Trustees and t	reased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval		□ no	tials		Student Name School Grade					
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester	Only   2nd Semester	Only   Both Semesters			
Gayle Whittenb Physical Address (s	erg street address	only):			Pre-kindergarter □ 1st Semester	n/Kindergarten Only	Only Doth Semesters			
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for o Students in Each Grade L	HS <b>0</b> e to nearest bu HS <b>4.6</b> one-way only	us stop, if any	y (one way)	is contract.  9-12 Total	by this contrac To or from Bus S To or from Scho Kindergarten c To or from Bus S To or from Scho Deadlines: PARENTS: Due	t: Stop times per d ol times per d hild rides without other s Stop times per d ol times per d e to School Clerk June 1.	ay, days per week ay, days per week ay, days per week achool-age students: ay, days per week ay, days per week ay, days per week			
Regular Trans					files.  COUNTY SUPE	RINTENDENTS: Send or	iginal to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your file	es.				
Room & Board  Correspondence						REIMBURSEMEN For district, county and				
Reg.										
Contingency Spec. Ed. Contin.						Reimbursement rate is de 20-10-142, MC				
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid of e sum officially a	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when son for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was			
High School District		,	ard of Truste				Date			
Billings H S	· 	J. 1011, 1506					5410			
<u> </u>	-		I attes	t that the above i	nformation is true and					
Signature - Parent or	r Guardían					Date				

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Res	sponsible for Re	imbursing the C	Contract			County	<u>'</u>	Legal Entity		
High School or K-12 Di	istrict Responsib	le for Reimburs	sing the Cont	ract		County		Legal Entity		
Billings H S						Yellowstone		0966		
Is this contract share  □ yes □ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attacl	h explanation)		□ No		Stud	ent Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	tion of residences must be revision comments.	e. In order to ewed and ap hittee, and the	o receive oproved by the		Student Name School Grade				
Check here only if incre District Trustees and th		portation Comn	nittee.	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval		Initia □ no □ no	ais 		Stud	ent Name	School	Grade		
County Approval	□ yes □	no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester Onl	ly   Both Semesters		
Jill C. Endres Physical Address (s	troot addross	oulv).				kindergarten/Kinder				
1 Hysical Address (s	ireet address	Offig).				-		ly   Both Semesters		
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Leader Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>4.5</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by tl To o To o Kind To o To o  Dea PAR CLE files.	nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina INTY SUPERINTEN for your files.  RE	times per day, times	days per week days per week days per week  y 1, retain a copy for your  al to OPI by July 10, retain a  ATE use only)		
Agreement between parent (parent name)										
			I attest	that the above i	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	)-2501		School Year 2005- 2006  Due to School Clerk June 1						
Elementary District Re	sponsible for Re	eimbursing the	Contract		С	ounty	<u> </u>	Legal Entity		
High School or K-12 D	istrict Responsi	ole for Reimbu	rsing the Cont	tract	С	ounty		Legal Entity		
Billings H S					Y	ellowstone		0966		
Is this contract shar	ed between e	ementary an	d high scho	ol?	<u>'</u>					
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	us? □ Yes	□ No		Chindre	4 Name	Cabaal	Crada		
(If yes, please attaction: Section	h explanation	)	increased reir	mbursement	Studen	t Name	School	Grade		
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Studen	t Name	School	Grade		
Check here only if incomplistrict Trustees and t	eased payment	due to isolation sportation Com	n has been ap mittee.	pproved by the	Student Name School Gra					
Elem District Approval		□ no	tials		Student Name School Grade					
	HS District Approval □ yes □ no County Approval □ yes □ no						DR:			
Parent or Guardian	Parent or Guardian Name: (Please Print)						□ 2nd Semester Only	y   Both Semesters		
Liesa Aaby Physical Address (s	Liesa Aaby Physical Address (street address only):						garten	y		
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 3.9 ne-way only	us stop, if any	/ (one way)	is contract.  9-12 Total	Kinder by this To or fr To or fr Kinder To or fr To or fr To or fr Count	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School lines: ITS: Due to Sch (S: Send origina TY SUPERINTEN T your files.  RE (For dist	times per day,times per day,	days per week da		
insured driver will  In March and June transported for the The payment shall This contract shall Elementary School	ws: ansport or provide transport the stude , the District shall past semester be computed on ti terminate at the er District	transportation for nts. Mileage con pay the parent the ne basis of the so d of the school y Chair, Boa	the student(s) t tracts are valid of e sum officially a shedule establish ear or when the ard of Truste	o and from the school only when transportation approved in the application and in Section 20-10-1 student(s) is no longer	ter referred to or bus stop on the on for the distance ation upon certificat	reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was		
High School District Billings H S	t	Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above i	information is	true and correct.				
Signature - Parent or	Guardian		-	<u> </u>		<u> </u>	Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity			
Billings Elem						Yellowstone		0965			
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity			
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?							
Are you applying for			□ No		Stud	dent Name	School		Grade		
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	mbursement	1						
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	Student Name School Grade					
Public Instruction. (10.	·	J	,		Stud	dent Name	School		Grade		
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the							
Elem District Approval		no	tials		Stud	dent Name	School		Grade		
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters		
Amy Jung					Pre-	kindergarten/Kinderg	rarten	•			
Physical Address (s	treet address	only):					☐ 2nd Semester Onl	y 🗆 Both Se	mesters		
						DERGARTEN/PREM					
Distance from home Elementary <b>5.7</b>	to nearest so	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a	_			
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:		
·					To o	or from Bus Stop or from School	times per day, _ times per day, _	days days	s per week s per week		
☐ Contract is for o	• •	the students to b	ne covered by the	is contract	De	adlines:					
Otadenia in Lacii Orade Li				,		RENTS: Due to Scho	ool Clerk June 1.				
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLE</b> files		to County Supt by Jul	y 1, retain a cop	y for your		
Regular Trans					COL	JNTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	10 retain a		
Spec. Ed. Trans						for your files.					
Room & Board							IMBURSEMENT RA				
Correspondence						(For dist	rict, county and OPI	use only)			
Reg.						<del>-</del>		<del></del>			
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by			
Spec. Ed. Contin.											
Agreement betweer	n parent (parer	nt name)			, and	d school district (distr	rict name)				
(county name) The parties agree as follow				County, hereina	after referred	to as the District(s).					
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t					the days when school is in	session. The parent or guard	dian assures that a lic	ensed and		
In March and June transported for the	, the District shall p past semester.	ay the parent the	e sum officially a	pproved in the applic	cation upon certi	fication by the teacher or pr	incipal of the school of the nu	mber of days the stu	dent(s) was		
<ol><li>This contract shall</li></ol>	terminate at the en	d of the school y	ear or when the	student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.				
Elementary School Billings Elem	District	Chair, Boa	ard of Truste	es				Date			
High School District		Chair, Boa	ard of Truste	es				Date			
			I attes	t that the above	information	is true and correct.		l			
Signature - Parent or	Guardian						Date				

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1					
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity	
Billings Elem						Yellowstone		0965	
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary and	high school	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstance the county trans	tion of residences must be review to the comments of the comme	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incredit Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade	
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:		
Parent or Guardian	Parent or Guardian Name: (Please Print)						□ 2nd Semester On	ly   Both Semesters	
Beth Morris		I. A.				-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Distance from home Elementary 5.1  Distance from home Elementary 0  Contract is for or Students in Each Grade Lease Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kin by to Too Kin Too Co	chis contract: or from Bus Stop_ or from School dergarten child ride or from Bus Stop_ or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files.  REA  REA  REA  REA  REA  REA  REA  RE	times per day,	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a late late late and late late and late late and late late and late late late and late late and late late late late late and late late late late late late late late	
Agreement between parent (parent name)									
			I attes	that the above i	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1				
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity		
Billings Elem						Yellowstone		0965		
High School or K-12 Dis	trict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?						
Are you applying for			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0100		00.100.	0.000		
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7)	ial circumstand ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade		
Check here only if increase District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Student Name School					
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade		
		no				S CONTRACT IS FO des 1-12	<u>DR:</u>			
Parent or Guardian N	iame: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters		
Dawn Ness Physical Address (str	reet address	only):				kindergarten/Kinderg st Semester Only		y    Both Semesters		
Distance from home Elementary 0  Distance from home Elementary 9.2  Contract is for on Students in Each Grade Leventary Expect Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	s stop, if an	y (one way)	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: EENTS: Due to Scho ERKS: Send original or for your files.  RECOMMENDED RECOMMEND RECOMMENDED RECOMMEND RECOMMENDED RECOMMEND RECOMMEND RECOMMEN	times per day, tool Clerk June 1.	days per week days per week days per week				
(county name) The parties agree as follows 1. The parent shall traninsured driver will tra 2. In March and June, transported for the ptransported for the parties of	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
High School District		Chair, Boa	ard of Trustee	es				Date		
		<u> </u>	Lattest	that the above i	information	is true and correct.		<u> </u>		
Signature - Parent or C	Guardian		7 411001				Date			

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	ontract		Cour	nty		Legal Entity	
Billings Elem					Yel	lowstone		0965	
High School or K-12 D	istrict Responsit	ole for Reimbursi	ng the Contr	act	Cour	nty		Legal Entity	
Is this contract shar  ☐ yes ☐ no	red between el	ementary and	high schoo	?					
Are you applying fo	r isolation statu	us? □ Yes	□ No		Student N		Cabaal	Orada	
(If yes, please attaction isolation: Section	h explanation) 20-10-142, MCA	A, provides for inc	creased reim	bursement	Student N	ame	School	Grade	
rates for special circur increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	es must be revie portation commi	wed and app ttee, and the	proved by the	Student N	ame	School	Grade	
Check here only if incr	eased payment	due to isolation h	as been app	roved by the	Student N	ame	School	Grade	
District Trustees and to Elem District Approval	•	portation Comm Initia □ no			Student N	ame	School	Grade	
HS District Approval County Approval	,	no				NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Ser	12 nester Only	□ 2nd Semester On	ly   Both Semesters	
Diane Canton						rgarten/Kinder			
Physical Address (s	street address	only):			□ 1st Ser	nester Only	□ 2nd Semester On	ly Doth Semesters	
Distance from home		hool (one way	)		Kinderga by this co	rten child ride		age students also covered	
Elementary <b>7.3</b> Distance from home		ıs stop, if any (	one way)		Kinderga	rten child ride	es <u>without</u> other scho	days per week days per week pol-age students:	
Elementary 0	HS <b>0</b>				To or from To or from	n Bus Stop n School	times per day, <sub>_</sub> times per day, <sub>_</sub>	days per week	
☐ Contract is for o		the students to be	covered by this	contract	Deadlin				
	Pre-K	K	1-8	9-12	PARENTS	3: Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS: files.	Send origina	to County Supt by Ju	ly 1, retain a copy for your	
Regular Trans						SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a	
Spec. Ed. Trans					copy for y	our files.			
Room & Board							IMBURSEMENT R rict, county and OPI		
Correspondence									
Reg. Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	n narent (nere	ot namo)			and asks	ol district (dist	rict name)		
	i parent (paren	it riairie)				`	/	·	
(county name)  The parties agree as follow  The parent shall transport to the parent shall trans		ransportation for th		•	fter referred to as	` '		dian assures that a licensed and	
insured driver will t	transport the studer	nts. Mileage contra	cts are valid or	ly when transportat	ion for the distance rep	orted on the contra	ct actually occurs.	umber of days the student(s) was	
transported for the 3. The payment shall	past semester. be computed on the	e basis of the sche	dule establishe	d in Section 20-10-	142, MCA, and the info	rmation accompany	ring this contract.		
Elementary School		Chair, Board			er enrolled in school, w	nichever occurs firs	il.	Date	
Billings Elem High School District	t	Chair, Board	of Trustee	s				Date	
		<u> </u>	I attest	that the above	information is true	e and correct.		l	
Signature - Parent or	Guardian						Date		
Address, City, Zip Code							Phone Number		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Со	unty	<u> </u>	Legal Entity	
Billings Elem					Ye	ellowstone		0965	
High School or K-12 Di	istrict Responsit	ole for Reimbu	rsing the Con	tract		unty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for			□ No		Student	Name	School		Grade
(If yes, please attack ISOLATION: Section 3	20-10-142, MCA	A, provides for	increased reir	mbursement					
rates for special circum increased rates, individ	lual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade
trustees of the district, Public Instruction. (10.7)				e Office of					
Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Student	Name	School		Grade
District Trustees and th	ne County Trans		nmittee. itials		Children	Name a	Cahaal		Orada
Elem District Approval HS District Approval	•	□ no □ no			Student	ivame	School		Grade
County Approval	□ yes	□ no			THIS CO	NTRACT IS FO 1-12	DR:		
Parent or Guardian	Name: (Pleas	e Print)				emester Only	□ 2nd Semester Onl	y 🛛 Both Se	mesters
Elaine Lucero Physical Address (s	troot addroop	only);				ergarten/Kinder			
Physical Address (s	ireet address	orily).			☐ 1st S	emester Only	□ 2nd Semester Onl	y □ Both Se	mesters
							KINDERGARTEN: es <u>with</u> other school-a	ana etudante s	ulso covered
Distance from home	to nearest so HS <b>0</b>	hool (one w	ay)		by this	contract:	<del></del>		
Elementary <b>4.2</b>					To or fro	m Bus Stop m School	times per day, _ times per day, _	day day	s per week s per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kinderg To or fro	arten child ride m Bus Stop	times per day, _ es <u>without</u> other scho times per day.	ol-age studen dav	ts: s per week
☐ Contract is for or	ne-way only				To or fro	m School	times per day,times per day,	day	s per week
Students in Each Grade Le	, ,	the students to	oe covered by th	is contract.	<u>Deadli</u>				
	Pre-K	K	1-8	9-12	PAREN <sup>*</sup>	<b>rs</b> : Due to Sch	ool Clerk June 1.		
	Total	Total	Total	Total	CLERKS files.	3: Send origina	to County Supt by Jul	y 1, retain a co	py for your
Regular Trans									
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board						RF	EIMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parei	nt name)			, and sch	ool district (dist	rict name)		······································
(county name)				County, hereinat	fter referred to a	s the District(s)			
The parties agree as follow		ransportation fo		-			session. The parent or guard	lian assures that a li	censed and
<ol><li>In March and June,</li></ol>	the District shall p	nts. Mileage cor pay the parent th	ntracts are valid on e sum officially a	only when transportati approved in the application	ion for the distance re ation upon certification	ported on the contra n by the teacher or p	ct actually occurs. rincipal of the school of the nu	mber of days the stu	ident(s) was
	be computed on the			ned in Section 20-10- student(s) is no long					
Elementary School I			ard of Truste		or emoneu iii School,	WINGING VELL OCCUPS HIS		Date	
Billings Elem High School District		Chair, Boa	ard of Truste	es				Date	
Signature Parent or	Guardian		I attes	t that the above	information is tr	ue and correct.	Data		
Signature - Parent or	Guaruian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	ie to Scho	ol Clerk June 1				
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity		
Billings Elem						Yellowstone		0965		
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement			30.100.	0.000		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	ces must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	ent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials			ent Name	School	Grade		
		no				S CONTRACT IS FO des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters		
Kristin Rapacz Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters		
Physical Address (street address only):    1st Semester Only   2nd								days per week days per week ol-age students: days per week days per week days per week days per week  y 1, retain a copy for your I to OPI by July 10, retain a		
(county name) The parties agree as follow 1. The parent shall tra insured driver will tr 2. In March and June, transported for the 3. The payment shall 4 This contract shall the	The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date									
Billings Elem High School District		Chair, Boa	ard of Trustee	es				Date		
			Lattoot	that the above	information	is true and correct				
Signature - Parent or	Guardian		ı attest	unat the above	illormation	is true and correct.	Date			
Signature Farent Of	_ uu: u:u::						2010			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 a, MT 59620	-2501	Due to School Clerk June 1									
Elementary District Res	ponsible for Re	imbursing the	Contract			County	·	Legal Entity				
Billings Elem						Yellowstone		0965				
High School or K-12 Dis	strict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity				
Is this contract share  ☐ yes ☐ no	d between ele	ementary an	d high schoo	ol?								
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)		□ No	mbursoment	Stude	ent Name	School	Grade				
rates for special circums increased rates, individu trustees of the district, tl Public Instruction. (10.7	stances of isolatual circumstance the county trans	tion of residen es must be rev portation comi	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stude	ent Name	School	Grade				
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the	Stude	ent Name	School	Grade				
Elem District Approval		no	tials 		Stude	ent Name	School	Grade				
HS District Approval County Approval	County Approval						THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian N	Parent or Guardian Name: (Please Print)						□ 2nd Semester Onl	y    Both Semesters				
Lana Gar					Pre-k	indergarten/Kinder	garten					
Physical Address (st	Physical Address (street address only):						☐ 2nd Semester Onl	y   Both Semesters				
Distance from home Elementary 3.1  Distance from home Elementary 0  Contract is for on Students in Each Grade Level Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kinde by the To or To or To or To or To or To or PARI	is contract: from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Sch RKS: Send origina  NTY SUPERINTEN for your files.  RE (For dist	times per day, times per day, times per day, times per day, es without other scho times per day,	days per week da				
insured driver will tra  In March and June, transported for the p  The payment shall be	s: asport or provide transport the studenthe District shall prast semester. be computed on the eminate at the energians.	ransportation for its. Mileage conf ay the parent the e basis of the sc d of the school y	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportatic pproved in the applica ned in Section 20-10-1 student(s) is no longe	or bus stop on the distantation upon certification.	ce reported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	iian assures that a licensed and mber of days the student(s) was				
High School District		Chair, Boa	rd of Truste	es				Date				
		l	I attes	t that the above i	information is	s true and correct.						
Signature - Parent or 0	Guardian						Date					
							1					

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reimbursing the Contract  Billings Elem  High School or K-12 District Responsible for Reimbursing the Contract	County Yellowstone County	Legal Entity 0965
Billings Elem  High School or K-12 District Responsible for Reimbursing the Contract		0065
High School or K-12 District Responsible for Reimbursing the Contract	County	0900
	,	Legal Entity
Is this contract shared between elementary and high school?  ☐ yes ☐ no		
(If yes, please attach explanation)	Student Name School	Grade
trustees of the district, the county transportation committee, and the Office of	Student Name School	Grade
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	Student Name School	Grade
Initials  Elem District Approval □ yes □ no	Student Name School	Grade
	THIS CONTRACT IS FOR:	
	Grades 1-12 □ 1st Semester Only □ 2nd Semester C	Only   Both Semesters
	Pre-kindergarten/Kindergarten	
Physical Address (street address only):	☐ 1st Semester Only ☐ 2nd Semester C	Only   Both Semesters
Distance from home to nearest school (one way)  Elementary 7.5 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12  Total Total Total Total  Regular Trans	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school by this contract: To or from Bus Stop times per day To or from School times per day Kindergarten child rides without other sc To or from Bus Stop times per day To or from School Clerk June 1.  CLERKS: Send original to County Supt by cliles.  COUNTY SUPERINTENDENTS: Send original for your files.  REIMBURSEMENT (For district, county and O  Reimbursement rate is determined to the school clerk your files.	days per week da
Agreement between parent (parent name)	op on the days when school is in session. The parent or guidistance reported on the contract actually occurs. certification by the teacher or principal of the school of the and the information accompanying this contract.	
I attest that the above information	tion is true and correct.	
Signature - Parent or Guardian	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reimbursing the Contract  Billings Elem  High School or K-12 District Responsible for Reimbursing the Contract	County Yellowstone County	Legal Entity 0965
Billings Elem  High School or K-12 District Responsible for Reimbursing the Contract		0065
High School or K-12 District Responsible for Reimbursing the Contract	County	0900
	,	Legal Entity
Is this contract shared between elementary and high school?  ☐ yes ☐ no		
(If yes, please attach explanation)	Student Name School	Grade
trustees of the district, the county transportation committee, and the Office of	Student Name School	Grade
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.	Student Name School	Grade
Initials  Elem District Approval □ yes □ no	Student Name School	Grade
	THIS CONTRACT IS FOR:	
	Grades 1-12 □ 1st Semester Only □ 2nd Semester C	Only   Both Semesters
	Pre-kindergarten/Kindergarten	
Physical Address (street address only):	☐ 1st Semester Only ☐ 2nd Semester C	Only   Both Semesters
Distance from home to nearest school (one way)  Elementary 7.5 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12  Total Total Total Total  Regular Trans	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school by this contract: To or from Bus Stop times per day To or from School times per day Kindergarten child rides without other sc To or from Bus Stop times per day To or from School Clerk June 1.  CLERKS: Send original to County Supt by cliles.  COUNTY SUPERINTENDENTS: Send original for your files.  REIMBURSEMENT (For district, county and O  Reimbursement rate is determined to the school clerk your files.	days per week da
Agreement between parent (parent name)	op on the days when school is in session. The parent or guidistance reported on the contract actually occurs. certification by the teacher or principal of the school of the and the information accompanying this contract.	
I attest that the above information	tion is true and correct.	
Signature - Parent or Guardian	Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 5962	0-2501	D	ue to School Clerk June 1		
Elementary District Responsible for R	teimbursing the Cont	ract	County		Legal Entity
Billings Elem			Yellowstone		0965
High School or K-12 District Respons	ible for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between e □ yes □ no	elementary and hig	jh school?	·		
Are you applying for isolation sta		No	Student Name	School	Grade
(If yes, please attach explanation ISOLATION: Section 20-10-142, MC		ased reimbursement		Concor	Ciudo
rates for special circumstances of isol increased rates, individual circumstar trustees of the district, the county tran	ices must be reviewe	ed and approved by the	Student Name	School	Grade
Public Instruction. (10.7.116 ARM pro	<u> </u>	,	Student Name	School	Grade
Check here only if increased paymen District Trustees and the County Tran	sportation Committe				
Elem District Approval ☐ yes	Initials □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	se Print)		Grades 1-12  ☐ 1st Semester Only	☐ 2nd Semester Only	/ □ Both Semesters
Lowell H. Temme			Pre-kindergarten/Kinder	narten	
Physical Address (street address	s only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PREI		
Distance from home to nearest s Elementary <b>5.1</b> HS <b>0</b>	chool (one way)		by this contract:	· · · · · · · · · · · · · · · · · · ·	ge students also covered  days per week
Distance from home to nearest be Elementary <b>0</b> HS <b>0</b>	us stop, if any (on	e way)	To or from School Kindergarten child ride	times per day, _ es without other scho	days per week ol-age students:
☐ Contract is for one-way only			To or from School	times per day, _	days per week days per week
Students in Each Grade Level - Only include	e the students to be cove	ered by this contract.	Deadlines:		
Pre-K		1-8 9-12	PARENTS: Due to Sch		
Total	Total T	otal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your
Regular Trans			COLINTY SUDEDINTEN	IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.	DENTO. Gend ongina	Tto Of T by July To, Tetalif a
Room & Board				EIMBURSEMENT RA	
Correspondence			(For dist	rict, county and OPI	use only)
Reg.			5 · <del>-</del>		<del></del>
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.					
Agreement between parent (pare	ent name)		, and school district (dist	rict name)	······································
(county name) The parties agree as follows:		County, hereina	after referred to as the District(s).		
<ol> <li>The parent shall transport or provide</li> </ol>			ol or bus stop on the days when school is in tion for the distance reported on the contra		an assures that a licensed and
<ol><li>In March and June, the District shall transported for the past semester.</li></ol>	pay the parent the sum	officially approved in the applic	cation upon certification by the teacher or p	rincipal of the school of the nur	nber of days the student(s) was
<ol> <li>This contract shall terminate at the example.</li> </ol>	end of the school year or	when the student(s) is no long	-142, MCA, and the information accompany ger enrolled in school, whichever occurs first		
Elementary School District Billings Elem	Chair, Board of	t Trustees			Date
High School District	Chair, Board of	f Trustees			Date
		I attest that the above	information is true and correct.		1
Signature - Parent or Guardian				Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		Du	e to School Clerk June	1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Billings Elem					Yellowston	<b>e</b>	0965		
High School or K-12 D	strict Responsit	ole for Reimbu	rsing the Cont	ract	County	<u> </u>	Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student Name	School	Grade		
(If yes, please attack ISOLATION: Section 2)	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Cladelli Hallie	2011001	Siddo		
rates for special circum increased rates, individual trustees of the district,	stances of isola lual circumstand the county trans	ition of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Student Name	School	Grade		
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the					Student Name	School	Grade		
Elem District Approval	District Trustees and the County Transportation Committee.  Initials  Illustrict Approval □ yes □ no				Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT	IS FOR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester O	nly □ 2nd Semester On	ly □ Both Semesters		
Pam Fleming						•	., –		
Physical Address (s	treet address	only):			Pre-kindergarten/K □ 1st Semester O	nly	ly   Both Semesters		
					KINDERGARTEN/	PREKINDERGARTEN:			
Distance from home Elementary 5	to nearest so HS <b>0</b>	hool (one w	ay)		by this contract:	<del></del>	age students also covered days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergarten child To or from Bus Sto	d rides <u>without</u> other scho p times per day,	ool-age students: days per week		
☐ Contract is for or	ne-way only				To or from School	times per day,	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	s contract.	Deadlines:	School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send or	iginal to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans					COUNTY SUPERII copy for your files.	NTENDENTS: Send original	al to OPI by July 10, retain a		
Room & Board						REIMBURSEMENT R	ATE		
Correspondence					(For	district, county and OP	I use only)		
Reg.							<u> </u>		
Contingency					R	eimbursement rate is deter 20-10-142, MCA.	mined by		
Spec. Ed. Contin.									
Agreement between	parent (parei	nt name)			, and school district	(district name)	,		
(county name)			(	County, hereinaf	ter referred to as the Distri	ct(s).			
	nsport or provide t				or bus stop on the days when schoon for the distance reported on the	ool is in session. The parent or guar	dian assures that a licensed and		
	the District shall p					er or principal of the school of the nu	umber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on th	ne basis of the so	chedule establish	ned in Section 20-10-1 student(s) is no longe	42, MCA, and the information according enrolled in school, whichever occ	mpanying this contract. urs first.			
Elementary School			ard of Truste				Date		
Billings Elem High School District		Chair, Boa	Chair, Board of Trustees Date						
			l attes	t that the above	information is true and cor	rect			
Signature - Parent or	Guardian		i alles	t triat trie above	inormation is true and cor	Date			
						i			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Is this contract shared between elementary and high school?  yes								
Student Name		ementary and high school	ol?					
Types   pleaded attach oxylopidation   Complete   Com	•	us? □ Yes □ No		Chudont Nama	Cahaal	Crada		
Student Name	(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	nbursement	Student Name	SCHOOL	Grade		
County Agrored payment due to isolation has been approved by the District Trastees and the County Transportation Committee Initialis Ini	rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans	ation of residence. In order to ses must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade		
Student Name   School   Grade   Student Name   Student Name   School   Grade   Student Name   Stud			proved by the	Student Name	School	Grade		
Parent or Guardian Name: (Please Print)	HS District Approval ☐ yes	□ no				Grade		
Rhonda Olson Physical Address (street address only):  Distance from home to nearest school (one way) Elementary 4.4				Grades 1-12	<u>)K:</u>			
Physical Address (street address only):    Previous of the standard of the sta	,	e i ility		☐ 1st Semester Only	<ul> <li>2nd Semester Onl</li> </ul>	y   Both Semesters		
Distance from home to nearest school (one way)  Elementary 4.4 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pere-K K 1-8 9-12 Total Total Total Total Total  For Total Total Total Total  Correspondence  Reg.  Contringency Spec. Ed. Crans  Room & Board  Correspondence  Reg.  Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District shall pay the parent the sun officially approved in the special or processor in section 2-0-142, MCA. and the information school, whichever occurs first.  In Macria and June 1-12 the parent or guardian assures that a licensed and transpositorist of the past sensor proposed or the students and or longer enrolled in school, whichever occurs first.  In Macria and June 1-12 the parent or guardian assures that a licensed and transpositorist of the past sensor provide transpositorist or longer enrolled in school, whichever occurs first.  Elementary 6.4 HS 0		only):		Pre-kindergarten/Kinder  1st Semester Only	garten ☐ 2nd Semester Onl	y   Both Semesters		
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Distance from home to nearest school (one way)  Elementary 4.4 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K Total Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Kindergarten child rides with other school-age students by this contract.  Kindergarten child rides without other school-age students of times per day,							
	(county name) The parties agree as follows:  1. The parent shall transport or provide insured driver will transport the stude 2. In March and June, the District shall part transported for the past semester. 3. The payment shall be computed on the december of the computed on the december of the computed on the december of the computed of the december of the computed of the compute	cransportation for the student(s) to the student (s) to the student (s) to the student (s) to the parent the sum officially all the basis of the schedule established of the school year or when the Chair, Board of Truster	County, hereinafted of and from the school of only when transportation proved in the application and in Section 20-10-142 student(s) is no longer test.	er referred to as the District(s).  r bus stop on the days when school is in for the distance reported on the contra- on upon certification by the teacher or p  2, MCA, and the information accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nu	mber of days the student(s) was		
		l attest	t that the above in	formation is true and correct				
Organization of State and all Date	Signature - Parent or Guardian	i attest	L LIGIT THE GROVE III		Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School Cle	rk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		Coun	ty	<u> </u>	Legal Entity	
Billings Elem					Yell	owstone		0965	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract	Coun			Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for			□ No		Student N	ame	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Stadoner	u1110	Contool	0.000	
rates for special circum increased rates, individ trustees of the district, t	tion of resider ses must be re sportation com	nce. In order to eviewed and ap amittee, and the	o receive oproved by the	Student N	ame	School	Grade		
Public Instruction. (10.7.116 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the					Student N	ame	School	Grade	
Elem District Approval	District Trustees and the County Transportation Committee.  Initials  Elem District Approval □ yes □ no				Student N	ame	School	Grade	
HS District Approval County Approval		□ no □ no			THIS CON	ITRACT IS FO	DR:		
Parent or Guardian I					Grades 1-	12 nester Only	 ☐ 2nd Semester Only	/ □ Both Semesters	
Shane Johnson					,	•	Doin Comesters		
Physical Address (st	only):				garten/Kinder nester Only		/ □ Both Semesters		
					KINDERG	ARTEN/PRE	KINDERGARTEN:		
Distance from home Elementary <b>4.7</b>	hool (one wa	ay)		Kindergar by this co	rten child ride	es <u>with</u> other school-a	ge students also covered  days per week days per week		
Distance from home Elementary <b>0</b>	is stop, if an	y (one way)		Kindergai To or from	rten child ride Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week		
□ Contract is for or	ne-way only				To or from	School	times per day, _	days per week	
Students in Each Grade Le	vel - Only include	the students to I	be covered by thi	s contract.	<u>Deadlin</u>	es:	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS:			/ 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans					COUNTY copy for yo		IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board						RF	EIMBURSEMENT RA	ATF	
Correspondence							rict, county and OPI		
_									
Reg. Contingency						Reimb	ursement rate is determ	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	\\	l l							
Agreement between	parent (parer	nt name)			, and scho	ol district (dist	rict name)		
	. "	/			ter referred to as	•	,	· · · · · · · · · · · · · · · · · · ·	
(county name) The parties agree as follow		ransportation for		•		` ,		ian assures that a licensed and	
insured driver will tr	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	on for the distance repo	orted on the contra	ct actually occurs.	nber of days the student(s) was	
transported for the p 3. The payment shall I	oast semester. be computed on th	e basis of the so	chedule establish	ed in Section 20-10-1	I42, MCA, and the infor	mation accompan	ving this contract.		
4. This contract shall t Elementary School [	erminate at the er	d of the school	year or when the ard of Truste	student(s) is no longe	er enrolled in school, wh	nichever occurs fire	st.	Date	
Billings Elem	2	,	Chair, Board of Trustees Date						
High School District		Chair, Boa	Chair, Board of Trustees Date						
			I attes	that the above	information is true	and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	-2501		Di	ue to School C	lerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		Со	unty	<u> </u>	Legal Entity		
Billings Elem					Ye	ellowstone		0965		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract		unty		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for			□ No		Student	Name	School		Grade	
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	A, provides for	increased reir	mbursement						
rates for special circum increased rates, individ	dual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade	
trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)										
Check here only if increased payment due to isolation has been approved by the					Student	Name	School		Grade	
District Trustees and th	District Trustees and the County Transportation Committee. Initials					Nama	Cahaal		Crada	
Elem District Approval HS District Approval	District Approval				Student		School		Grade	
County Approval	□ yes	□ no			THIS CO Grades	<u>DR:</u>				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st S	emester Only	□ 2nd Semester Onl	y 🗆 Both Se	emesters	
Stacey Goich Physical Address (street address only):						ergarten/Kinder				
1 Hysical Address (s	Offig).			☐ 1st S	emester Only	□ 2nd Semester Onl	y 🛮 Both Se	emesters		
							KINDERGARTEN: es <u>with</u> other school-a	age students a	also covered	
Distance from home Elementary <b>0</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		by this	contract:	· <del></del>			
•			,		To or fro	m School	times per day, _ times per day, _ s <u>without</u> other scho	day day	s per week s per week	
Distance from home Elementary <b>6.4</b>	HS <b>0</b>	is stop, if an	y (one way)		<b>Kinderg</b> To or fro	arten child ride m Bus Stop	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen day	ts: s per week	
□ Contract is for o	ne-way only				To or fro	m School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli					
	Pre-K	K	1-8	9-12	PAREN	PARENTS: Due to School Clerk June 1.				
	Total	Total	Total	Total	CLERKS files.	3: Send origina	I to County Supt by Jul	y 1, retain a co	py for your	
Regular Trans						V CUDEDINTEN	IDENTS: Conductions	al to ODI by Jul	v 10. rotoin o	
Spec. Ed. Trans						your files.	IDENTS: Send origina	ii to OPI by Jui	y 10, retain a	
Room & Board						RE	EIMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.										
Agreement between	n parent (parei	nt name)			, and sch	nool district (dist	rict name)		,	
(county name)				County, hereinat	fter referred to a	s the District(s)				
	ansport or provide t						session. The parent or guard	lian assures that a li	censed and	
In March and June, transported for the	, the District shall p	ay the parent th	e sum officially a	only when transportati approved in the application	ation upon certification	n by the teacher or p	rincipal of the school of the nu	mber of days the stu	udent(s) was	
<ol> <li>The payment shall</li> </ol>	be computed on the			ned in Section 20-10- student(s) is no long						
Elementary School Billings Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			Lattes	t that the above	information is tr	ue and correct				
Signature - Parent or	Guardian		1 41100				Date			
							ĺ			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	)-2501		Dι	ie to School Clerk June	e 1			
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Billings Elem					Yellowsto	ne	0965		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	ract	County	nic .	Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for	r isolation stati	us? 🗆 Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	) A provides for	increased rein	nbursement	Student Name	School	Orace		
rates for special circun increased rates, individ	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade		
trustees of the district,	the county trans	sportation com	mittee, and the						
Public Instruction. (10.	·	, ,	•		Student Name	School	Grade		
Check here only if incr District Trustees and the				proved by the					
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT	IS FOR:			
Parent or Guardian					Grades 1-12		u		
Steven Butler					☐ 1st Semester C	Only   2nd Semester Onl	y ☐ Both Semesters		
Physical Address (street address only):					Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
,		,				•	y Both Comesters		
					KINDERGARTEN Kindergarten chi	<u>/PREKINDERGARTEN</u> : ld rides <u>with</u> other school-a	age students also covered		
Distance from home Elementary <b>0</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract:				
•			,		To or from School	op times per day, _ times per day, _	days per week		
Distance from home Elementary <b>4.9</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kindergarten chi	Id rides without other scho	ol-age students:		
□ Contract is for o	no way anly				To or from School	op times per day, _ times per day, _	days per week		
Students in Each Grade Lo	, ,	the students to I	he covered by thi	s contract	Deadlines:				
					PARENTS: Due	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send of	original to County Supt by Jul	y 1, retain a copy for your		
Regular Trans					files.				
· ·						INTENDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files	•			
Room & Board					(5.	REIMBURSEMENT R	··-		
Correspondence					(F0	or district, county and OPI	use only)		
Reg.							<del></del>		
Contingency					<b>'</b>	Reimbursement rate is deterr 20-10-142, MCA.	nined by		
Spec. Ed. Contin.									
Agreement betweer	n parent (parei	nt name)			, and school distric	ct (district name)	······································		
(county name)			(	County hereinal	ter referred to as the Dist	rict(s)			
The parties agree as follow		transportation fo		-		nool is in session. The parent or quare	lian assures that a licensed and		
insured driver will t	ransport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	on for the distance reported on th				
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ed in Section 20-10-	142, MCA, and the information ac	companying this contract.	, , , , , , , ,		
4. This contract shall Elementary School	terminate at the er	nd of the school	year or when the ard of Trustee	student(s) is no longe	er enrolled in school, whichever of	ocurs first.	Date		
Billings Elem		,							
High School District		Chair, Boa	Chair, Board of Trustees Date						
			I attest	that the above	information is true and co	rrect.	•		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142. MCA	A. provides for	increased rein	nbursement	Oldo	CHI Name	GCHOOL	Grade
rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stud	ent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.					Stud	ent Name	School	Grade
Elem District Approval	Initials Elem District Approval □ yes □ no HS District Approval □ yes □ no				Stud	ent Name	School	Grade
County Approval	□ yes	□ no				S CONTRACT IS FO les 1-12	DR:	
Parent or Guardian Name: (Please Print)						st Semester Only	□ 2nd Semester Onl	y   Both Semesters
Wendy Fike Physical Address (street address only):						kindergarten/Kinder st Semester Only		y □ Both Semesters
						DERGARTEN/PRE		•
Distance from home to nearest school (one way) Elementary 3.8 HS 0						Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week To or from School times per day, days per week		
Distance from home to nearest bus stop, if any (one way) Elementary ${\bf 0}$ HS ${\bf 0}$						lergarten child ride	es without other scho	ol-age students: days per week days per week days per week
☐ Contract is for or	ne-way only				100	r from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to	be covered by this	s contract.	Dea	ndlines:	aal Clark kuna 4	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE			y 1, retain a copy for your
Regular Trans					files.			
Spec. Ed. Trans						INTY SUPERINTEN for your files.	IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						'\-	IMBURSEMENT RA	··-
Correspondence						(For dist	rict, county and OPI	use only)
Reg.						Reimbi	ursement rate is detern	nined by
Contingency Spec. Ed. Contin.						T Cillib	20-10-142, MCA.	illined by
Spool Ed. Oorlan.								
Agreement between	parent (parei	nt name)			, and	school district (distr	rict name)	
(county name)			(	County, hereinaf	ter referred	to as the District(s).		
	nsport or provide t							lian assures that a licensed and
	the District shall p					nce reported on the contraction by the teacher or p		mber of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on th					he information accompany hool, whichever occurs firs		
Elementary School I			ard of Trustee					Date
Billings Elem High School District		Chair, Boa	ard of Trustee	es				Date
			Lattest	that the above	information	is true and correct.		
Signature - Parent or	Guardian		ranest	unat the above i	momation	is true and correct.	Date	
orginature - Parent Of	-uai uiaii						Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620	1-2501		chool Year 2005- 2006 e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County	<u>'</u>	Legal Entity
Billings Elem			Yellowstone		0965
High School or K-12 District Responsit	ole for Reimbursing the	Contract	County		Legal Entity
Billings H S			Yellowstone		0966
Is this contract shared between el ☐ yes ☐ no	ementary and high s	chool?			
Are you applying for isolation statu (If yes, please attach explanation)			Student Name	School	Grade
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In orders must be reviewed are sportation committee, are	der to receive and approved by the aid the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has bee	,	Student Name	School	Grade
Elem District Approval	Initials □ no		Student Name	School	Grade
	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Dona McLeod			Pre-kindergarten/Kinder	garten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
Distance from home to nearest so Elementary 0 HS 5  Distance from home to nearest but Elementary 0 HS 0	, , , , , , , , , , , , , , , , , , , ,	ay)	by this contract: To or from Bus Stop To or from School Kindergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es without other school	days per week days per week days per week ol-age students: days per week days per week days per week
□ Contract is for one-way only				,	
Students in Each Grade Level - Only include		by this contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.	
Pre-K Total	K 1-8 Total Total	9-12 Total			/ 1, retain a copy for your
Regular Trans				IDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans			copy for your files.		
Room & Board			RE	EIMBURSEMENT RA	
Correspondence					
Reg. Contingency			Reimb	ursement rate is determ	nined by
Spec. Ed. Contin.				20-10-142, MCA.	
	-	<b>1</b>			
Agreement between parent (parer	nt name)		, and school district (dist	rict name)	,
(county name)		County hereinaft	er referred to as the District(s).		
The parties agree as follows:	ransportation for the studen		or bus stop on the days when school is in		ian assures that a licensed and
insured driver will transport the studer 2. In March and June, the District shall p	nts. Mileage contracts are v	alid only when transportatio	on for the distance reported on the contraction upon certification by the teacher or p	ct actually occurs.	
transported for the past semester.  3. The payment shall be computed on the co	ne basis of the schedule est	ablished in Section 20-10-14	42, MCA, and the information accompany	ring this contract.	
Elementary School District	Chair, Board of Tru		r enrolled in school, whichever occurs firs	ıl.	Date
Billings Elem High School District Billings H S	Chair, Board of Tru	ustees			Date
ышіу  П  Э	<u>l</u> La	ttest that the above i	nformation is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	)-2501		-		ol Clerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity	
Billings Elem						Yellowstone		0965	
High School or K-12 Di	strict Responsil	ole for Reimbur	sing the Con	tract		County		Legal Entity	
Billings H S						Yellowstone		0966	
Is this contract share □ yes □ no	ed between el	ementary and	d high scho	ol?					
Are you applying for	isolation stat	us? □ Yes	□ No		Ctur	dent Name	School	Grade	
(If yes, please attach	n explanation) 20-10-142, MCA	) A. provides for i	ncreased rei	mbursement	Siu	dent ivanie	School	Grade	
rates for special circum increased rates, individ	stances of isola lual circumstand	ation of residences must be rev	ce. In order to riewed and a	to receive pproved by the	Stud	dent Name	School	Grade	
trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)									
Check here only if increased payment due to isolation has been approved by the				Stud	dent Name	School	Grade		
	District Trustees and the County Transportation Committee. Initials				Stu	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	□ no						Grade	
County Approval  Parent or Guardian		□ no • Print)			THIS CONTRACT IS FOR: Grades 1-12				
, ,					□ 1	st Semester Only	□ 2nd Semester Only	y   Both Semesters	
Jeannie Wisler Physical Address (street address only):						-kindergarten/Kinder		y □ Both Semesters	
		• /				·		y Bour comesters	
Distance from home	to pograst so	shool (one wa	w)		Kin		es <u>with</u> other school-a	ge students also covered	
Distance from home to nearest school (one way) Elementary 0 HS 6.7				Too	this contract: or from Bus Stop	times per day, _	days per week		
Distance from home to nearest bus stop, if any (one way)						times per day, _ es <u>without</u> other scho	days per week		
Elementary <b>0</b>	HS <b>0</b>				Tod	or from Bus Stop	times per day, _	days per week days per week	
□ Contract is for or	, ,						umos per day, _	aayo por mook	
Students in Each Grade Le	-			<del>,                                      </del>	PAF	<b>adlines:</b> RENTS: Due to Sch	ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original	to County Supt by Jul	y 1, retain a copy for your	
Regular Trans					files	i.			
Spec. Ed. Trans						UNTY SUPERINTEN y for your files.	IDENTS: Send origina	I to OPI by July 10, retain a	
Room & Board					СОР		EIMBURSEMENT RA	ATE.	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimb	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
		1							
Agreement between	parent (pare	nt name)			, and	d school district (dist	rict name)	·	
(county name)				County, hereinaf	ter referred	I to as the District(s).			
	nsport or provide							ian assures that a licensed and	
	the District shall p					ince reported on the contractification by the teacher or p		mber of days the student(s) was	
<ol><li>The payment shall</li></ol>	be computed on the					the information accompany chool, whichever occurs firs			
Elementary School I Billings Elem	District	Chair, Boa	rd of Truste	es				Date	
High School District Billings H S		Chair, Boa	Board of Trustees Date						
Dillings 11 O		1	I attes	t that the above i	information	is true and correct.		l	
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	)-2501		-		ol Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Billings Elem						Yellowstone		0965
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Con	tract		County		Legal Entity
Billings H S						Yellowstone		0966
Is this contract shar  □ yes □ no	ed between el	ementary and	d high scho	ol?				
Are you applying fo	r isolation stat	us? □ Yes	□ No		Ctur	dent Name	School	Grade
(If yes, please attaction: Section	ch explanation)	) A. provides for i	increased rei	mbursement	Stud	uent name	SCHOOL	Grade
rates for special circur increased rates, individual	nstances of isola	ation of residen	ce. In order t	o receive	Stud	dent Name	School	Grade
trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)								
Check here only if increased payment due to isolation has been approved by the				Stud	dent Name	School	Grade	
District Trustees and t	District Trustees and the County Transportation Committee. Initials				Ctur	dent Name	School	Grade
Elem District Approval HS District Approval		□ no						Grade
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian Name: (Please Print)					□ 1	st Semester Only	□ 2nd Semester Only	y   Both Semesters
Laurie A. Grygiel  Physical Address (street address only):						-kindergarten/Kinder		y □ Both Semesters
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· ,,				•	•	y   Both Semesters
Dieter er fram bank	- 4	.h 1 /			Kin		NNDERGARTEN: es <u>with</u> other school-a	age students also covered
Distance from home to nearest school (one way) Elementary 0 HS 0				Too	this contract: or from Bus Stop	times per day, _	days per week	
Distance from home to nearest bus stop, if any (one way)				To	or from School	times per day, _ es without other scho	days per week	
Elementary 0	HS <b>6.3</b>				Tod	or from Bus Stop	times per day, _	days per week
□ Contract is for o	ne-way only						times per day, _	uays per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>De</u> PAF	<b>adlines:</b> RENTS: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				y 1, retain a copy for your
Regular Trans					files		,	, .,
•							IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(, e, e, e,		,
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	
(county name)	. "	,				to as the District(s).		
The parties agree as follow		transportation for		•		( )		lian assures that a licensed and
<ol><li>In March and June</li></ol>	, the District shall p					ance reported on the contra- ification by the teacher or p		mber of days the student(s) was
	be computed on the					the information accompany		
Elementary School	4. This contract shall terminate at the end of the school year or when the student(s) is no longe Elementary School District Chair, Board of Trustees							Date
Billings Elem High School District	t	Chair, Boa	rd of Truste	es				Date
Billings H S			l otto	t that the chave	informatic -	is true and correct		
Signature - Parent or	Guardian		rattes	t triat trie above i	iniormation	is true and correct.	Date	
-								

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the (	Contract			County		Legal Entity	
Blue Creek Eler	n					Yellowstone		0968	
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity	
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	l high schoo	ol?					
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade	
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be reversely common time.	ce. In order to iewed and ap nittee, and the	o receive oproved by the	Stud	dent Name	School	Grade	
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade	
Elem District Approval HS District Approval	□ yes	Initi	als		Stud	dent Name	School	Grade	
County Approval	□ yes	□ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly    Both Semesters	
Cindy Kennedy Physical Address (s						-kindergarten/Kinder			
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters	
Distance from home Elementary 6.8  Distance from home Elementary 0  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files.	times per day, tool Clerk June 1.	days per week da	
Correspondence Reg. Contingency Spec. Ed. Contin.						,	ursement rate is deter 20-10-142, MCA.	• /	
insured driver will t 2. In March and June transported for the 3. The payment shall 4. This contract shall Elementary School	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on tr terminate at the en	ransportation for to tts. Mileage contriay the parent the ne basis of the sch	he student(s) to acts are valid o sum officially a redule establish ar or when the	o and from the school only when transportatic pproved in the applicated in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract.	rdian assures that a licensed and umber of days the student(s) was	
Blue Creek Elem High School District		Chair, Boar	d of Truste	es				Date	
Signature Parent an	Guardian		I attest	t that the above i	ıntormation	is true and correct.	Data		
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Res	sponsible for Re	imbursing the	Contract			County	·	Legal Entity		
Blue Creek Elen	n					Yellowstone		0968		
High School or K-12 Di	strict Responsib	le for Reimbur	sing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	ed between ele	ementary and	d high schoo	ol?						
Are you applying for (If yes, please attach ISOLATION: Section 2	n explanation)		□ No	nhursoment	Stud	ent Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	stances of isola ual circumstanc the county trans	tion of residene es must be rev portation comr	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Stud	ent Name	School	Grade		
Check here only if incre District Trustees and th				proved by the	Stud	ent Name	School	Grade		
Elem District Approval		no	ials 		Stud	ent Name	School	Grade		
HS District Approval County Approval	,	no no				CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Please	e Print)				es 1-12 st Semester Only	□ 2nd Semester Only	y   Both Semesters		
Greta Gardner						kindergarten/Kinder				
Physical Address (s	reet address (	oniy):			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters					
Distance from home Elementary 0  Distance from home Elementary 4  Contract is for or Students in Each Grade Leader Trans  Regular Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kind by th To or To or Kind To or To or  Dea PAR CLE files.	ris contract: right from Bus Stop right from School ergarten child ride right from Bus Stop right from School edlines: ENTS: Due to School RKS: Send original NTY SUPERINTEN for your files. RE (For dist	times per day, times per day, times per day, es without other scho times per day, times per day, times per day, times per day, times per day times per day,	days per week da		
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs: nsport or provide to ansport the studen the District shall poast semester. be computed on th erminate at the en	ransportation for tts. Mileage cont ay the parent the e basis of the scl d of the school yellochair, Boa	the student(s) to racts are valid of sum officially a nedule establishear or when the rd of Truste	o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on to on for the distantation upon certificate, MCA, and the enrolled in sot	ce reported on the contract	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was  Date  Date		
Signature - Parent or	Guardian		ı alles	t triat trie above i	iinoimalion	s due and correct.	Date			
-										

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	)-2501		Dι	ie to School Clerk June	1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Blue Creek Eler	n				Yellowston	ı e	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)	) A provides for	increased rein	nhursement	Student Name	301001	Grade
rates for special circum	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and the		Old doll ( ) dall (	3333.	0.440
Public Instruction. (10.	·	, ,	,		Student Name	School	Grade
Check here only if incre District Trustees and the				proved by the			
Elem District Approval	□ ves	In □ no	itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian					Grades 1-12		Dath Carractors
James Deeks		•			☐ 1st Semester O	nly	y   Both Semesters
James Becker Physical Address (s	treet address	only):			Pre-kindergarten/K	indergarten nly □ 2nd Semester Onl	v □ Roth Samesters
,		3,				•	y both beniesters
						<u>PREKINDERGARTEN</u> : d rides with other school-a	age students also covered
Distance from home Elementary <b>6.5</b>	to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract:	<del></del>	_
·					To or from School	p times per day, _ times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kindergarten child	d rides without other scho	ool-age students:
·	no way anly				To or from School	ptimes per day, _ times per day, _	days per week
☐ Contract is for o	, ,	the students to l	ne covered by thi	is contract	Deadlines:		
5,000,000,000				,	PARENTS: Due to	School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send or	riginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.		
· ·						NTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					<b>/</b> E.	REIMBURSEMENT R	· · · <u> </u>
Correspondence					(FO	r district, county and OPI	use only)
Reg.							<del></del>
Contingency					R	eimbursement rate is deterr 20-10-142, MCA.	mined by
Spec. Ed. Contin.						,	
Agreement betweer	n parent (pare	nt name)			, and school district	(district name)	······································
(county name)			(	County hereinat	ter referred to as the Distri	ict(s)	
The parties agree as follow		transportation for		-		ool is in session. The parent or quare	tian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on the		
transported for the	past semester.	•	•		142, MCA, and the information acco		
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, whichever occ		Date
Blue Creek Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and cor	rect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity		
Blue Creek Elem	1					Yellowstone		0968		
High School or K-12 Dis		ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?						
Are you applying for			□ No		Stuc	lent Name	School	Grade		
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement	Otac	ient rame	Concor	Grade		
rates for special circums increased rates, individu trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stuc	lent Name	School	Grade		
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □	no	itials			lent Name	School	Grade		
County Approval  Parent or Guardian N		no				S CONTRACT IS FO des 1-12	<u>)R:</u>			
	·	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Only	y		
Jennifer Greenw Physical Address (st		only):				kindergarten/Kinder st Semester Only		y   Both Semesters		
Distance from home Elementary 5.6  Distance from home Elementary 0  Contract is for on Students in Each Grade Level Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> e-way only	is stop, if an	y (one way)	s contract.  9-12 Total	Kind by ti To co Kind To co To co Dea PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School delines: del	times per day, tool Clerk June 1.	days per week da		
insured driver will tra  2. In March and June, transported for the p  3. The payment shall be	s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially a	County, hereinaf o and from the school only when transportati oproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was		
High School District		Chair, Boa	ard of Truste	es				Date		
		<u> </u>	Lattest	that the above	information	is true and correct.		<u> </u>		
Signature - Parent or 0	Guardian		1 411001				Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	)-2501		Dι	ue to School Clerk June	÷1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Blue Creek Eler	n				Yellowstor	ne	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?			
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade
(If yes, please attac	h explanation)	) A provides for	increased rein	nhursement	Student Name	Scriooi	Grade
rates for special circun	nstances of isola	ation of resider	nce. In order t	o receive	Student Name	School	Grade
increased rates, individ trustees of the district,	the county trans	sportation com	mittee, and the			3333.	0.440
Public Instruction. (10.	·	, ,	ŕ		Student Name	School	Grade
Check here only if incr District Trustees and the				proved by the			
Elem District Approval	□ ves	In □ no	itials		Student Name	School	Grade
HS District Approval	□ yes □	□ no □ no			THIS CONTRACT	IS FOR:	
Parent or Guardian					Grades 1-12	<u> </u>	Dette Occasiona
Lui Maniai		•			□ 1st Semester O	nly   2nd Semester Onl	y   Both Semesters
Juli McNeil Physical Address (s	treet address	only):			Pre-kindergarten/k	Kindergarten enly     □  2nd Semester Onl	v □ Roth Samesters
,		3,				•	y   Dotti Semesters
						<u>/PREKINDERGARTEN</u> :  d rides <u>with</u> other school-a	age students also covered
Distance from home Elementary <b>5.1</b>	to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract:	<del></del>	
•					To or from School	pp times per day, _ times per day, _	days per week
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kindergarten chil	d rides without other scho	ol-age students:
•					To or from School	pp times per day, _ times per day, _	days per week
☐ Contract is for o  Students in Each Grade Lo	, ,	the students to l	ne covered by thi	is contract	Deadlines:		
5,000 11. 2001 5100 2				T. T	PARENTS: Due to	o School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send o	riginal to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files.	, , ,	
· ·						NTENDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board					<b>(F.</b>	REIMBURSEMENT RA	··-
Correspondence					(FO	or district, county and OPI	use only)
Reg.					_		<del></del>
Contingency					F	Reimbursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.						·	
Agreement betweer	n parent (parei	nt name)			, and school distric	t (district name)	······································
(county name)				County hereina	fter referred to as the Distr	ict(s)	
The parties agree as follow		transportation fo		•		ool is in session. The parent or quare	lian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance reported on the		
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ned in Section 20-10-	142, MCA, and the information acc	ompanying this contract.	, , , , , , , ,
	terminate at the er	nd of the school		student(s) is no long	er enrolled in school, whichever oc		Date
Blue Creek Elem		,					
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and co	rrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501  Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity		
Blue Creek Elen	n					Yellowstone		0968		
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high school	ol?						
Are you applying for	isolation state	us? □ Yes	□ No		Stuc	dent Name	School	Grade		
(If yes, please attack ISOLATION: Section 2	n explanation)	nrovides for	increased rein	nbursement	Siuc	dent ivanie	School	Grade		
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	nstances of isola lual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap imittee, and the	o receive proved by the	Stud	dent Name	School	Grade		
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Stud	dent Name	School	Grade		
County Approval	□ yes	no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y    Both Semesters		
Karen Krebill Physical Address (s	treet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters		
					KIN	DERGARTEN/PREI	(INDERGARTEN:			
Distance from home Elementary <b>6.7</b>	to nearest so HS <b>0</b>	hool (one w	ay)		Kind by t	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	days per week		
Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  To or from School times per day,  Kindergarten child rides without other sch  To or from Bus Stop times per day,  To or from School times per day,							ol-age students:			
☐ Contract is for or	ne-way only				100		times per day, _	days per week		
Students in Each Grade Le	evel - Only include	the students to I	be covered by this	s contract.	Dea	adlines: RENTS: Due to Sch	ool Clark June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total		RKS: Send origina		y 1, retain a copy for your		
Regular Trans										
Spec. Ed. Trans						JNTY SUPERINTEN	IDENTS: Send origina	I to OPI by July 10, retain a		
Room & Board					REIMBURSEMENT RATE					
Correspondence						(For dist	rict, county and OPI	use only)		
Reg. Contingency						Reimb	ursement rate is determ	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement between	narent (narei	nt name)			and	d school district (dist	rict name)			
	paront (paro	it riamo)						,		
(county name) The parties agree as follow				-		to as the District(s).				
insured driver will to	ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportati	ion for the dista	nce reported on the contra	ct actually occurs.	ian assures that a licensed and		
transported for the	past semester.				•		•	mber of days the student(s) was		
<ol> <li>This contract shall</li> </ol>	terminate at the er	d of the school	year or when the	student(s) is no longe		the information accompany chool, whichever occurs first		Thete		
Elementary School I Blue Creek Elem	DISTRICT	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Trustee	es				Date		
			l attest	that the above	information	is true and correct.				
Signature - Parent or	Guardian		. 311001				Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620-2501  Due to School Clerk June 1									
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity				
Blue Creek Elem			Yellowstone		0968				
High School or K-12 District Responsil	ble for Reimbursing the Con	tract	County		Legal Entity				
Is this contract shared between el □ yes □ no	lementary and high scho	ol?							
Are you applying for isolation stat	us? □ Yes □ No		Student Name	School	Grade				
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	) A provides for increased rein	mbursement	Student Name	School	Grade				
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to ces must be reviewed and a sportation committee, and the	o receive oproved by the	Student Name	School	Grade				
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade				
Elem District Approval □ yes	Initials □ no □ no		Student Name	School	Grade				
County Approval	□ no		THIS CONTRACT IS FO	<u>)R:</u>					
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters				
Kathy Hobza Physical Address (street address	only):		Pre-kindergarten/Kinder  ☐ 1st Semester Only		□ Both Semesters				
			KINDERGARTEN/PREI	KINDERGARTEN:					
Distance from home to nearest so Elementary <b>4.5</b> HS <b>0</b>	chool (one way)		Kindergarten child ride by this contract: To or from Bus Stop	es <u>with</u> other school-ag times per day,	ge students also covered  days per week				
Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0 To or from School times per day, day  To or from Bus Stop times per day, day  To or from School times per day, day									
☐ Contract is for one-way only			TO OF ITOTAL SCHOOL	unles per day,	days per week				
Students in Each Grade Level - Only include	the students to be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1					
Pre-K Total	K 1-8 Total Total	9-12 Total	CLERKS: Send origina		1, retain a copy for your				
Regular Trans			files.						
Spec. Ed. Trans			county superintent copy for your files.	IDENTS: Send original	to OPI by July 10, retain a				
Room & Board			RE	EIMBURSEMENT RA	TE				
Correspondence			(For dist	rict, county and OPI	use only)				
Reg.			_						
Contingency			Reimb	ursement rate is determ 20-10-142, MCA.	ined by				
Spec. Ed. Contin.				20 10 142, WOA.					
Agreement between parent (pare	nt name)		, and school district (dist	rict name)	,				
(county name)			referred to as the District(s).						
The parties agree as follows:  1. The parent shall transport or provide		-			an assures that a licensed and				
insured driver will transport the stude 2. In March and June, the District shall p	nts. Mileage contracts are valid	only when transportation fo	r the distance reported on the contra	ct actually occurs.					
transported for the past semester.  3. The payment shall be computed on the	ne basis of the schedule establish	ned in Section 20-10-142, N	MCA, and the information accompany	ying this contract.	,				
4. This contract shall terminate at the er Elementary School District		student(s) is no longer enr			Date				
Blue Creek Elem	,								
High School District	Chair, Board of Truste	es			Date				
	I attes	t that the above info	rmation is true and correct.		•				
Signature - Parent or Guardian				Date					

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT  59620	-2501		Du	e to School Clerk J	une 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Blue Creek Eler	n				Yellows	stone	0968
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	County	, conc	Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	<u> </u>		·
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac			increased reir	mbursement	Otadoni Name	Canca	Crade
rates for special circum increased rates, individ					Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of			
Check here only if incr	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
District Trustees and the	he County Trans		mittee. tials		Children Name	Cabaal	Orada
Elem District Approval HS District Approval	•	□ no □ no			Student Name		Grade
County Approval	□ yes	□ no			THIS CONTRA Grades 1-12	ACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semeste	er Only	Only   Both Semesters
Kelli M. Roberts Physical Address (s		only):				en/Kindergarten	
Filysical Address (s	dieet address	Offig).			☐ 1st Semeste	er Only	Only   Both Semesters
						EN/PREKINDERGARTEN: child rides with other scho	ool-age students also covered
Distance from home Elementary <b>6.2</b>	e to nearest so HS <b>0</b>	thool (one wa	ıy)		by this contra	ct:	_
•			. (		To or from Sch	ool times per d	ay, days per week ay, days per week school-age students:
Distance from home Elementary <b>0</b>	HS <b>0</b>	is stop, it any	(one way)		Kindergarten To or from Bus	child rides <u>without</u> other s Stop times per d	school-age students: ay, days per week
□ Contract is for o	ne-wav onlv				To or from Sch	ool times per d	ay, days per week ay, days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<b>Deadlines:</b>		
	Pre-K	K	1-8	9-12	PARENTS: D	ue to School Clerk June 1.	
	Total	Total	Total	Total	CLERKS: Ser files.	nd original to County Supt by	y July 1, retain a copy for your
Regular Trans						EDINTENDENTO Occadora	introdute ODI has beleaded matein a
Spec. Ed. Trans					copy for your fi		iginal to OPI by July 10, retain a
Room & Board						REIMBURSEMEN'	T RATE
Correspondence						(For district, county and	OPI use only)
Reg.							
Contingency						Reimbursement rate is de 20-10-142, MC	
Spec. Ed. Contin.						20 10 112,	,
Agreement betweer	n parent (pare	nt name)			, and school dis	strict (district name)	,
(county name)				County, hereinaf	er referred to as the [	District(s).	
	ansport or provide						guardian assures that a licensed and
2. In March and June transported for the	, the District shall p	nts. Mileage con pay the parent the	tracts are valid of sum officially a	only when transportation only when transportation in the application i	on for the distance reported o tion upon certification by the	n the contract actually occurs. teacher or principal of the school of t	he number of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the				42, MCA, and the information renrolled in school, whichever	n accompanying this contract. er occurs first.	
Elementary School Blue Creek Elem			rd of Truste				Date
High School District	:	Chair, Boa	rd of Truste	es			Date
			l attes	t that the above i	nformation is true and	Lorrect	
Signature - Parent or	Guardian		i alles	t that the above I	mormation is true diff	Date	
-						1	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501				ol Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract			County	,	Legal Entity	
Blue Creek Elem						Yellowstone		0968	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary an	d high schoo	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	20-10-142, MCA	, provides for							
rates for special circum increased rates, individ- trustees of the district, t	ual circumstand	es must be re	viewed and ap	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.7				e Office of	Stud	ent Name	School		Grade
Check here only if incre District Trustees and th				proved by the	Siuu	ent Name	SCHOOL		Grade
Elem District Approval	-		tials		Stud	ent Name	School		Grade
HS District Approval County Approval	,	□ no			THIS	CONTRACT IS FO	DR:		
Parent or Guardian I		e Print)	<u> </u>			les 1-12 st Semester Only	□ 2nd Semester On	ıly □ Both Ser	nesters
Kim & Chris Whi						kindergarten/Kinder		,	
Physical Address (st	reet address	only):					☐ 2nd Semester On	lly   Both Ser	nesters
					KINI	DERGARTEN/PREM	(INDERGARTEN: es with other school-		
Distance from home Elementary <b>3.7</b>	to nearest sc	hool (one wa	ay)		by th	nis contract:		_	
•			,		Тоо	r from School	times per day, times per day,	days	per week
Distance from home Elementary <b>0</b>	HS <b>0</b>	is stop, if any	(one way)		Тоо	r from Bus Stop	es <u>without</u> other scho	days	per week
□ Contract is for or	ne-way only				Тоо	r from School	times per day,	days	per week
Students in Each Grade Le	vel - Only include	the students to b	e covered by thi	s contract.	Dea	ndlines: ENTS: Due to Scho	nol Clerk June 1		
	Pre-K Total	K Total	1-8 Total	9-12 Total				ly 1 rotain a con	y for your
Dogular Trans	Total	Total	Total	Total	files.		to County Supt by Ju	ily 1, letaill a cop	y ioi youi
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					сору	for your files.			
Room & Board							IMBURSEMENT Rrict, county and OP		
Correspondence							, , , , , , , , , , , , , , , , , , ,	,,	
Reg. Contingency						Reimbi	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
Agreement between	parent (parer	nt name)			, and	school district (distr	rict name)		······································
(county name)				County, hereinaf	fter referred	to as the District(s).			
	nsport or provide t					the days when school is in	session. The parent or guar	dian assures that a lice	ensed and
<ol> <li>In March and June, transported for the p</li> </ol>	the District shall poast semester.	ay the parent the	sum officially a	pproved in the applica	ation upon certif	ication by the teacher or pr	rincipal of the school of the no	umber of days the stud	lent(s) was
	erminate at the en	d of the school y		student(s) is no longe		he information accompany nool, whichever occurs firs		Date	
Blue Creek Elem	713HT01	,							
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to School Clerk June	e 1				
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity			
Blue Creek Elem	า				Yellowsto	ne	0968			
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Cont	ract	County	TIC .	Legal Entity			
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>		<u> </u>			
Are you applying for			□ No		Student Name	School	Grade			
(If yes, please attach ISOLATION: Section 2	explanation)	A, provides for	increased rein	nbursement	otadent Hame	Concor	Grado			
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ses must be re sportation com	nce. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade			
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade			
Elem District Approval HS District Approval	□ yes	Ini □ no	itials		Student Name	School	Grade			
		□ no □ no			THIS CONTRACT IS FOR:					
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester (	Only   2nd Semester	Only   Both Semesters			
Laura Malcomso					Pre-kindergarten/	Kindergarten				
Physical Address (st	reet address	only):					Only   Both Semesters			
Distance from home Elementary .5  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> to nearest bu HS <b>0</b> ne-way only	is stop, if an	y (one way)	s contract.  9-12 Total	KINDERGARTEN Kindergarten chi by this contract: To or from Bus St To or from Bus St To or from Bus St To or from School To or from School Deadlines: PARENTS: Due CLERKS: Send of files.  COUNTY SUPER copy for your files	I/PREKINDERGARTEN: ild rides with other scho  op times per da ild rides without other s ild rides without other s op times per da il times per da it o School Clerk June 1.  original to County Supt by	days per week da			
Spec. Ed. Contin.										
insured driver will tr.  In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s:  nsport or provide to ansport the stude: the District shall past semester. be computed on the erminate at the erminate at the erminate.	rransportation for this. Mileage cor yay the parent the ne basis of the so d of the school y	r the student(s) to tracts are valid c e sum officially a chedule establish year or when the	County, hereinaf o and from the school only when transportati pproved in the applica- ted in Section 20-10-1 student(s) is no longe	on for the distance reported on th	trict(s).  hool is in session. The parent or e contract actually occurs. cher or principal of the school of the	guardian assures that a licensed and he number of days the student(s) was			
Elementary School I Blue Creek Elem	District	Chair, Boa	ard of Truste	es 			Date			
High School District		Chair, Boa	ard of Truste	es			Date			
			I attest	that the above	information is true and co	orrect.				
Signature - Parent or	Guardian					Date				

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	Due to Cohool Clark June 1								
Elementary District Responsible for Re	eimbursing the Co	ntract		County	,	Legal Entity			
Blue Creek Elem				Yellowstone		0968			
High School or K-12 District Responsib	ole for Reimbursir	g the Contract		County		Legal Entity			
Is this contract shared between el ☐ yes ☐ no	ementary and h	nigh school?							
Are you applying for isolation state		□ No	Stud	dent Name	School	Grade			
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for inc								
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans	ces must be review sportation commit	wed and approved by the tee, and the Office of	Stud	dent Name	School	Grade			
Public Instruction. (10.7.116 ARM prov	, and the second	,	Stud	dent Name	School	Grade			
Check here only if increased payment District Trustees and the County Trans	portation Commit	tee.	e						
	Initial: □ no	S 	Stud	Student Name School Grade					
	□ no □ no			S CONTRACT IS FO	DR:				
Parent or Guardian Name: (Please	e Print)			des 1-12 st Semester Only	□ 2nd Semester Onl	y   Both Semesters			
Leslie Clark			Pre	-kindergarten/Kinderg	narten				
Physical Address (street address	only):					y   Both Semesters			
				KINDERGARTEN/PREKINDERGARTEN:					
Distance from home to nearest so Elementary 5 HS 0	hool (one way)		by t	his contract:	<del></del>	age students also covered			
Distance from home to nearest bu	ıs stop, if any (d	one way)	Kin	dergarten child ride	es <u>without</u> other scho	days per week days per week ol-age students:			
•			To	or from School	times per day, _ times per day, _	days per week days per week			
☐ Contract is for one-way only  Students in Each Grade Level - Only include	the students to be c	overed by this contract.	De	adlines:					
Pre-K	К	1-8 9-12		RENTS: Due to Scho	ool Clerk June 1.				
Total	Total	Total Total		<b>CLERKS:</b> Send original to County Supt by July 1, retain a copy for your files.					
Regular Trans			COL	COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain					
Spec. Ed. Trans				copy for your files.					
Room & Board					IMBURSEMENT RA				
Correspondence				(For disti	rict, county and OPI	use only)			
Reg.			1	Doimbi	ursement rate is detern	ningd by			
Contingency Spec. Ed. Contin.			1	Reillibt	20-10-142, MCA.	illined by			
Opec. Lu. Contin.									
Agreement between parent (parer	nt name)		, and	d school district (distr	rict name)	,			
(county name) The parties agree as follows:		County, here	einafter referred	to as the District(s).					
The parent shall transport or provide t insured driver will transport the studer						lian assures that a licensed and			
<ol><li>In March and June, the District shall p transported for the past semester.</li></ol>	ay the parent the su	m officially approved in the	application upon certi	ification by the teacher or pr	rincipal of the school of the nu	mber of days the student(s) was			
The payment shall be computed on the This contract shall terminate at the enterminate at the enterminat	d of the school year	or when the student(s) is no	u-10-142, MCA, and blonger enrolled in so	tne information accompany chool, whichever occurs firs	ring tnis contract. t.	I Date			
Elementary School District Blue Creek Elem	Chair, Board	of Trustees				Date			
High School District	Chair, Board	of Trustees				Date			
		I attest that the ab	ove information	is true and correct.		<u> </u>			
Signature - Parent or Guardian					Date				

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	)-2501				l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County	<u> </u>	Legal Entity
Blue Creek Eler	n					Yellowstone		0968
High School or K-12 D		ble for Reimbur	sing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	lementary and	d high schoo	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	) A, provides for i	ncreased rein	nbursement			0011001	0.000
rates for special circum increased rates, individ trustees of the district,	dual circumstand	ces must be rev	viewed and ap	proved by the	Stude	ent Name	School	Grade
Public Instruction. (10.)	·	, and the second	ŕ		Stude	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval HS District Approval		□ no	ials 		Stude	ent Name	School	Grade
County Approval	□ yes	□ no	· · · · · · · · · · · · · · · ·			CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				t Semester Only	□ 2nd Semester Onl	y   Both Semesters
Lisa A. Silsbee					Pre-k	indergarten/Kinder	garten	
Physical Address (s	treet address	only):			☐ 1s	t Semester Only	□ 2nd Semester Onl	y   Both Semesters
					KIND	ERGARTEN/PRE	(INDERGARTEN:	
Distance from home Elementary <b>0</b>	e to nearest so HS <b>0</b>	chool (one wa	y)		by th	is contract:		age students also covered
·			. ()		To or	from School	times per day, _	days per week days per week
Distance from home Elementary <b>4</b>	HS <b>0</b>	us stop, ii any	(one way)		To or	from Bus Stop	es <u>without</u> other scho times per day, _	days per week
□ Contract is for o	ne-way only				To or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to be	e covered by thi	s contract.	Dea	dlines: ENTS: Due to Scho	aal Clark Juna 1	
	Pre-K	_ K	1-8	9-12				
	Total	Total	Total	Total	CLEI files.	RKS: Send original	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COU	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					copy	for your files.		
Room & Board							IMBURSEMENT RA	
Correspondence						(. 5. 5.5)	,	,
Reg. Contingency						Reimbi	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
	LL	L						
Agreement betweer	n parent (pare	nt name)			, and	school district (distr	rict name)	,
(county name)			(	County hereinaf	fter referred	o as the District(s).		
The parties agree as follow		transportation for		•		( )	session. The parent or quard	lian assures that a licensed and
insured driver will t 2. In March and June	ransport the stude , the District shall p	nts. Mileage cont	racts are valid o	nly when transportati	ion for the distan	ce reported on the contract	et actually occurs.	mber of days the student(s) was
	be computed on the					ne information accompany		
Elementary School			rd of Truste		er enrolled in sch	ool, whichever occurs firs	<b>l.</b>	Date
Blue Creek Elem High School District		Chair, Boa	rd of Truste	es				Date
Ciamatana David	Cuerdia		I attest	that the above	information i	s true and correct.	Data	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	, MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Blue Creek Eler	n				Yellowstor	ne	0968		
High School or K-12 D		ole for Reimbu	irsing the Cont	tract	County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	nrovides for	increased rein	mhursement	Student Name	SCHOOL	Grade		
rates for special circun	nstances of isola	ation of resider	nce. In order t	o receive	Student Name	School	Grade		
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and th		Stadent Hame	Concor	Grade		
Public Instruction. (10.	·	, ,	ŕ		Student Name	School	Grade		
Check here only if incr District Trustees and the				proved by the					
Elem District Approval	-		itials		Student Name	School	Grade		
HS District Approval	□ yes □	□ no			THIS CONTRACT	IS FOR:			
Parent or Guardian					Grades 1-12		- 5 4 6		
	•	,			□ 1st Semester O	nly □ 2nd Semester Onl	y   Both Semesters		
Michelle Henne Physical Address (s		oulv).			Pre-kindergarten/K		Deth Comestons		
, / (5		oy/.				nly 2nd Semester Onl	y 🗆 Both Semesters		
						PREKINDERGARTEN:	age students also covered		
Distance from home		hool (one wa	ay)		by this contract:	<del></del>			
Elementary <b>3.1</b>	HS <b>0</b>				To or from Bus Sto	p times per day, _ times per day, _	days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergarten chil	d rides <u>without</u> other scho p times per day, _ times per day, _	ol-age students:		
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to I	be covered by th	is contract.	<b>Deadlines:</b>				
	Pre-K	K	1-8	9-12	PARENTS: Due to	School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send of files.	riginal to County Supt by Jul	y 1, retain a copy for your		
Regular Trans									
Spec. Ed. Trans					copy for your files.	NTENDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board						REIMBURSEMENT R	ATF		
					(Fo	r district, county and OPI	use only)		
Correspondence									
Reg. Contingency					R	eimbursement rate is deterr	mined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer	n parent (parei	nt name)			, and school district	(district name)	······································		
(county name) The parties agree as follow	we.			County, hereinal	ter referred to as the Distr	ict(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide				or bus stop on the days when schoon for the distance reported on the	ool is in session. The parent or guard	lian assures that a licensed and		
	, the District shall p					ner or principal of the school of the nu	mber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on the				42, MCA, and the information accer enrolled in school, whichever occ				
Elementary School			ard of Truste		33.133, 41110110401 001		Date		
Blue Creek Elem High School District		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and cor				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	MT 59620-2501							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Blue Creek Eler	n				Yellowsto	ne	0968		
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County		Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	) A provides for	increased rein	nhursement	Student Name	SCHOOL	Grade		
rates for special circun	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade		
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and the		otadom ramo	33.133.	0.440		
Public Instruction. (10.	·	, ,	,		Student Name	School	Grade		
Check here only if incr District Trustees and the				proved by the					
Elem District Approval	□ ves	In □ no	itials		Student Name	School	Grade		
HS District Approval	□ yes □	□ no □ no			THIS CONTRACT	IS FOR:			
Parent or Guardian					Grades 1-12		Dath Carractors		
Manua Dannings		•			☐ 1st Semester C	only   2nd Semester Onl	y   Both Semesters		
Morya Penningt Physical Address (s	treet address	only):			Pre-kindergarten/h	Kindergarten only □ 2nd Semester Onl	v □ Roth Samesters		
,		3,				-	y both beniesters		
						<u>/PREKINDERGARTEN</u> : ld rides with other school-a	age students also covered		
Distance from home Elementary <b>6.5</b>	to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract:	<del></del>	_		
•					To or from School	times per day,times per day,	days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kindergarten chil	ld rides without other scho	ool-age students:		
•					To or from School	times per day,times per day,	days per week		
☐ Contract is for o  Students in Each Grade Lo	, ,	the students to l	he covered by thi	s contract	Deadlines:				
5,000 11. 2001 5100 2					PARENTS: Due t	o School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send o	riginal to County Supt by Jul	y 1, retain a copy for your		
Regular Trans					files.				
· ·							al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					<b>/</b> F.	REIMBURSEMENT R	· · · <u> </u>		
Correspondence					(FC	or district, county and OPI	use only)		
Reg.							<del></del>		
Contingency					F	Reimbursement rate is deterr 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						·			
Agreement betweer	n parent (pare	nt name)			, and school distric	t (district name)	,		
(county name)			(	County hereinat	fter referred to as the Dist	rict(s)			
The parties agree as follow		transportation fo		-		nool is in session. The parent or quare	dian assures that a licensed and		
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportat	ion for the distance reported on the				
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	chedule establish	ed in Section 20-10-	142, MCA, and the information acc	companying this contract.	• • • • • • • • • • • • • • • • • • • •		
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, whichever oc		Date		
Blue Creek Elem		,							
High School District		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and co	rrect.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Blue Creek Eler	n					Yellowstone		0968	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stuc	lent Name	School		Grade
(If yes, please attaction: Section	20-10-142, MCA	, provides for	increased reir	nbursement					
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Student Name School Grade  Student Name School Grade				
Public Instruction. (10.	·	J	,						
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Student Name School Grade				
HS District Approval County Approval		□ no □ no				S CONTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	v □ Both Se	mesters
Pamela Kemmio	ck					·		,	
Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary <b>3.6</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	times per day, _ times per day, _	_	
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		<b>Kind</b> To d	dergarten child ride r from Bus Stop	es <u>without</u> other scho times per day, _	ool-age student days	s per week
□ Contract is for o	ne-way only				To o	r from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	s contract.	Dea	adlines:	a al Olamba luna a 4		
	Pre-K	K	1-8	9-12		RENTS: Due to Scho			
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for files.				
Regular Trans					COL	INTV SUDEDINTEN	IDENTS: Send origina	al to OPI by July	10 retain a
Spec. Ed. Trans						for your files.	DENTO. Ocha ongine	ar to Or 1 by oury	TO, TCIAIIT A
Room & Board						RE	IMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	nined by	
Spec. Ed. Contin.							,		
Agreement betweer	n parent (parer	nt name)			, and	I school district (distr	rict name)		
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t					the days when school is in	session. The parent or guard	dian assures that a lic	censed and
	, the District shall p						rincipal of the school of the nu	mber of days the stu	dent(s) was
<ol><li>The payment shall</li></ol>	be computed on th	e basis of the so	chedule establish year or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany hool, whichever occurs firs	ring this contract. t.		
Elementary School District Chair, Board of Trustees Blue Creek Elem								Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l attes	t that the above	information	is true and correct.			
Signature - Parent or	Guardian		1 41103	taractino above	omation	.5 and drie dollect.	Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Blue Creek Eler	n				Yellowsto	nne	0968		
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County	one -	Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	Student Name	SCHOOL	Grade		
rates for special circun	nstances of isola	ation of resider	nce. In order to	o receive	Student Name	School	Grade		
increased rates, individual trustees of the district,	the county trans	sportation com	mittee, and the		Olddelli Name	Concor	Grade		
Public Instruction. (10.	·	, ,	,		Student Name	School	Grade		
Check here only if incr District Trustees and the				proved by the					
Elem District Approval	-		itials		Student Name	School	Grade		
HS District Approval	□ yes □	□ no			THIS CONTRAC	T IS FOR:			
Parent or Guardian					Grades 1-12				
	•	,			□ 1st Semester	Only	y   Both Semesters		
Patricia Becker Physical Address (s	treet address	oulv).			Pre-kindergarten		Dath Camastan		
, / (5		oy).			ist Semester	Only   2nd Semester Onl	y both Semesters		
						N/PREKINDERGARTEN: ild rides <u>with</u> other school-a	ane students also covered		
Distance from home		chool (one wa	ay)		by this contract	<u> </u>	_		
Elementary <b>7.5</b>	HS <b>0</b>				To or from Bus S To or from School	top times per day, _ ol times per day, _	days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	us stop, if an	y (one way)		Kindergarten ch	tilld rides <u>without</u> other schot top times per day, _ ol times per day, _	ool-age students:		
□ Contract is for o	ne-way only				To or from School	l times per day, _	days per week		
Students in Each Grade Lo	evel - Only include	the students to I	be covered by thi	s contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Due	to School Clerk June 1.			
	Total	Total	Total	Total	CLERKS: Send files.	original to County Supt by Jul	y 1, retain a copy for your		
Regular Trans									
Spec. Ed. Trans					county super	RINTENDENTS: Send origina s.	al to OPI by July 10, retain a		
Room & Board					,, ,	REIMBURSEMENT R	ΔΤΕ		
					(F	or district, county and OPI	· · · <u> </u>		
Correspondence									
Reg. Contingency						Reimbursement rate is deterr	mined by		
Spec. Ed. Contin.						20-10-142, MCA.			
Agreement betweer	n parent (parei	nt name)			, and school distri	ict (district name)	······································		
(county name) The parties agree as follow	No.		(	County, hereinat	fter referred to as the Dis	strict(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide					chool is in session. The parent or guard	dian assures that a licensed and		
	, the District shall p				ion for the distance reported on to ation upon certification by the tea	ne contract actually occurs.  Incher or principal of the school of the nu	imber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on the				142, MCA, and the information ac er enrolled in school, whichever of				
Elementary School			ard of Truste		o. oolica ili oolicol, willonevel (	3555.5 HOL	Date		
Blue Creek Elem High School District	·	Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and c	orrect.			
Signature - Parent or	Guardian		· <u></u>			Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity	
Blue Creek Elen	า					Yellowstone		0968	
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?					
Are you applying for			□ No		Stuc	lent Name	School	Grade	
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ient rame	0011001	Grade	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade	
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade	
Elem District Approval HS District Approval	□ yes □	no	itials		Student Name School Grade  THIS CONTRACT IS FOR:				
County Approval  Parent or Guardian I		no				des 1-12	<u>)K:</u>		
	•	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Only	y    Both Semesters	
Rhonda L. Mego Physical Address (st		only):			Pre-kindergarten/Kindergarten ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters				
Distance from home to nearest school (one way) Elementary 5 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.						his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.  RECTS:	times per day, tool Clerk June 1.	days per week da	
insured driver will tr 2. In March and June, transported for the payment shall	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was	
High School District		Chair, Boa	ard of Trustee	es				Date	
		<u> </u>	I attest	that the above i	information	is true and correct.		<u> </u>	
Signature - Parent or	Guardian		7 411001				Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501  Due to School Clerk June 1								
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity				
Blue Creek Elem			Yellowstone		0968				
High School or K-12 District Responsib	ole for Reimbursing the Con	tract	County		Legal Entity				
Is this contract shared between el □ yes □ no	ementary and high scho	ol?							
Are you applying for isolation statu	us? □ Yes □ No		Student Name	School	Grade				
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	orovides for increased rei	mbursement	Student Name	School	Grade				
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order the ses must be reviewed and a portation committee, and the	to receive pproved by the	Student Name	School	Grade				
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade				
Elem District Approval	Initials  no		Student Name	School	Grade				
County Approval	no		THIS CONTRACT IS FOR: Grades 1-12						
Parent or Guardian Name: (Please	e Print)			2nd Semester Only	☐ Both Semesters				
Robert Hegg Physical Address (street address	only):		Pre-kindergarten/Kindergarten  ☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters						
Distance from home to nearest sc Elementary 3.1 HS 0  Distance from home to nearest but Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	is stop, if any (one way)	is contract.  9-12 Total	(For district	times per day, times per day, times per day, without other school times per day, times per day, times per day, Clerk June 1.  County Supt by July	days per week days per week l-age students: days per week days per week days per week  1, retain a copy for your to OPI by July 10, retain a				
insured driver will transport the studer  In March and June, the District shall p transported for the past semester.  The payment shall be computed on the transport of the payment shall be computed on the Elementary School District Blue Creek Elem	ransportation for the student(s) ths. Mileage contracts are valid any the parent the sum officially are basis of the schedule established of the school year or when the Chair, Board of Truste	County, hereinafter r o and from the school or bu only when transportation for approved in the application u hed in Section 20-10-142, N estudent(s) is no longer enries	, and school district (district referred to as the District(s).  us stop on the days when school is in sess the distance reported on the contract act upon certification by the teacher or principut.  MCA, and the information accompanying to colled in school, whichever occurs first.	ssion. The parent or guardian ctually occurs. pal of the school of the numb	n assures that a licensed and				
High School District	Chair, Board of Truste	ees			Date				
	I attes	t that the above infor	rmation is true and correct.						
Signature - Parent or Guardian			Da	ate					

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cler	k June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Count	y		Legal Entity
Blue Creek Eler	n				Yello	owstone		0968
High School or K-12 D		ole for Reimbu	rsing the Con	tract	Count			Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?				•
Are you applying fo			□ No		Student Na	me	School	Grade
(If yes, please attac			increased reir	mbursement	Olddelli 14d	iiio	0011001	Ciudo
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Na	me	School	Grade
Public Instruction. (10.				o omoc or	Student Na		School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	pproved by the	Student Na	me	301001	Grade
Elem District Approval	•	□ no	tials 		Student Na	me	School	Grade
HS District Approval County Approval		□ no □ no				TRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-1 □ 1st Sem	_	□ 2nd Semester Only	/ □ Both Semesters
Roberta & Loret					Pre-kindero	arten/Kinder	garten	
Physical Address (s	treet address	only):						/ □ Both Semesters
							(INDERGARTEN:	
Distance from home Elementary <b>4.5</b>	e to nearest so HS <b>0</b>	chool (one wa	ıy)		by this cor	ntract:		ge students also covered  days per week
Distance from home		ıs stop, if any	(one way)		To or from <b>Kindergar</b> t	School :en child ride	times per day, _ es without other schoo	days per week ol-age students:
Elementary <b>0</b>	HS <b>0</b>				To or from	Bus Stop School	times per day, _	days per week days per week
□ Contract is for o	ne-way only						times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadline PARENTS:		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	to County Supt by July	/ 1, retain a copy for your
Regular Trans						LIDEDINITEN	IDENTS: Cond origina	I to ODI by July 40 matrix a
Spec. Ed. Trans					copy for yo		iden i 3: Send ongina	I to OPI by July 10, retain a
Room & Board							IMBURSEMENT RA	
Correspondence						(For dist	rict, county and OPI	use only)
Reg. Contingency						Reimb	ursement rate is determ	 nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement betweer	n narent (nare)	nt name)			and school	l dietrict (diet	rict name)	
	r parent (paren	it riamo)					ict name)	,
(county name)  The parties agree as follow		transportation for		•	ter referred to as t		accoins. The perent or quardi	ian assures that a licensed and
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid	only when transportation	on for the distance repor	ted on the contra	ct actually occurs.	nber of days the student(s) was
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the inforn	nation accompany	ring this contract.	(-,,
4. This contract shall Elementary School			ear or when the ird of Truste		r enrolled in school, whi	chever occurs firs	t.	Date
Blue Creek Elem High School District		Chair. Boa	rd of Truste	es				Date
3 2223. 2.04.100				· 				
0:	0		l attes	t that the above i	nformation is true	and correct.	D.11	
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Blue Creek Eler	n				Yellows	tone	0968		
High School or K-12 D		ole for Reimbu	rsing the Cont	ract	County	toric	Legal Entity		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary ar	nd high school	ol?	<u> </u>				
Are you applying for	r isolation stati	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement	Student Name	301001	Grade		
rates for special circun	nstances of isola	ition of resider	nce. In order t	o receive	Student Name	School	Grade		
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and the			33331	5.445		
Public Instruction. (10.	·	J	ŕ		Student Name	School	Grade		
Check here only if incr District Trustees and the				proved by the					
Elem District Approval	□ yes	lni □ no	itials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRA	CT IS FOR:			
Parent or Guardian					Grades 1-12 □ 1st Semeste		ly Doth Somostors		
Roma Sattler						•	ly   Both Semesters		
Physical Address (s	treet address	only):			Pre-kindergarte	n/Kindergarten r Only  □  2nd Semester Onl	lv □ Both Semesters		
						•	.y Boar comociono		
						<u>EN/PREKINDERGARTEN</u> : :hild rides <u>with</u> other school-	age students also covered		
Distance from home Elementary <b>4.3</b>	e to nearest sc HS <b>0</b>	hool (one wa	ay)		by this contrac	et: Stop times per day, _	days ner week		
•	to poorcat hi	o oton if on	· (one way)		To or from Scho	ool   times per day, _	days per week		
Distance from home Elementary <b>0</b>	HS <b>0</b>	is stop, ii ari	y (one way)		Kindergarten c	child rides <u>without</u> other school Stop times per day,	ool-age students: days per week		
□ Contract is for o	ne-way only				To or from Scho	Stop times per day, ool times per day,	days per week		
Students in Each Grade Lo	, ,	the students to t	be covered by thi	is contract.	Deadlines:				
	Pre-K	K	1-8	9-12	PARENTS: Du	e to School Clerk June 1.			
	Total	Total	Total	Total		d original to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans					COUNTY SUPE copy for your file	ERINTENDENTS: Send original es.	al to OPI by July 10, retain a		
Room & Board					,, ,	REIMBURSEMENT R	ATF		
					(	For district, county and OPI	use only)		
Correspondence									
Reg. Contingency						Reimbursement rate is determ	mined by		
Spec. Ed. Contin.						20-10-142, MCA.			
						/ !:			
Agreement betweer	n parent (parei	nt name)			, and school dist	trict (district name)	······································		
(county name) The parties agree as follow	vs.			County, hereina	fter referred to as the D	istrict(s).			
<ol> <li>The parent shall tra</li> </ol>	ansport or provide t				I or bus stop on the days when ion for the distance reported on	school is in session. The parent or guard	dian assures that a licensed and		
	, the District shall p					eacher or principal of the school of the nu	umber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on th				142, MCA, and the information er enrolled in school, whichever				
Elementary School			ard of Truste		,		Date		
Blue Creek Elem High School District		Chair, Boa	ard of Truste	es			Date		
			1 11		:				
Ciamatura Danieri	Cuandi		I attes	t that the above	information is true and				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

		a, MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
Blue Creek Eler	n				Yellowsto	ne	0968		
High School or K-12 D		ole for Reimbu	irsing the Con	tract	County	one.	Legal Entity		
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?	<u> </u>				
Are you applying for	r isolation stat	us? □ Yes	□ No		Ctudent Name	Cabaal	Crada		
(If yes, please attac	h explanation)	)	ingraged rais	mburaamant	Student Name	School	Grade		
rates for special circum	nstances of isola	ation of resider	nce. In order t	to receive	Student Name	School	Grade		
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and th		Olddelli Name	Concor	Grade		
Public Instruction. (10.)	·	, ,	•		Student Name	School	Grade		
Check here only if incre District Trustees and the				oproved by the					
Elem District Approval	-		itials		Student Name	School	Grade		
HS District Approval	□ yes □	□ no			THIS CONTRAC	T IS FOR:			
Parent or Guardian					Grades 1-12		- 5 4 6		
	•	,			□ 1st Semester	Only   2nd Semester Onl	y   Both Semesters		
Shawn Egan Physical Address (s	treet address	only).			Pre-kindergarten	/Kindergarten Only □ 2nd Semester Onl	v □ Deth Competers		
, 6.64. / 144.666 (6		oy/.				-	y 🗆 Both Semesters		
						N/PREKINDERGARTEN: nild rides <u>with</u> other school-a	age students also covered		
Distance from home Elementary <b>4.8</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract	:			
·					To or from Bus S	times per day, _ ol times per day, _	days per week days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kindergarten ch	ild rides without other scho	ol-age students:		
·					To or from School	times per day, _ times per day, _	days per week		
☐ Contract is for o	, ,	the students to l	he covered by th	is contract	Deadlines:				
5,000,000,000					PARENTS: Due	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	original to County Supt by Jul	y 1, retain a copy for your		
Regular Trans					files.				
· ·						RINTENDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your file	S.			
Room & Board						REIMBURSEMENT RA	··-		
Correspondence					(F	or district, county and OPI	use only)		
Reg.						<del></del>	<del></del>		
Contingency						Reimbursement rate is determaded 20-10-142, MCA.	nined by		
Spec. Ed. Contin.						,			
Agreement betweer	n parent (pare	nt name)			, and school distr	ict (district name)	······································		
(county name)				County hereinaf	ter referred to as the Dis	strict(s)			
The parties agree as follow		transportation for		-		chool is in session. The parent or quare	tian assures that a licensed and		
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid o	only when transportati	on for the distance reported on t				
transported for the	past semester.		•		42, MCA, and the information a		,		
	terminate at the er	nd of the school		student(s) is no longe	er enrolled in school, whichever		Date		
Blue Creek Elem		,							
High School District		Chair, Boa	ard of Truste	ees			Date		
		1	I attes	t that the above	information is true and o	orrect.	<u>'</u>		
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	, MT 59620-2501 Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity		
Blue Creek Eler	n				Yellowsto	nne	0968		
High School or K-12 D		ole for Reimbu	irsing the Cont	ract	County	one -	Legal Entity		
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high school	ol?					
Are you applying for	r isolation stat	us? □ Yes	□ No		Student Name	School	Grade		
(If yes, please attac	h explanation)	) A provides for	increased rein	nhursement	Student Name	301001	Grade		
rates for special circum	nstances of isola	ation of resider	nce. In order t	o receive	Student Name	School	Grade		
increased rates, individed trustees of the district,	the county trans	sportation com	mittee, and th		Otagent Name	Contool	Grade		
Public Instruction. (10.)	·	, ,	ŕ		Student Name	School	Grade		
Check here only if incre District Trustees and the				proved by the					
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade		
HS District Approval County Approval	,	□ no			THIS CONTRAC	T IS FOR:			
Parent or Guardian					Grades 1-12		lv Doth Competers		
Shirley Prom					□ 1st Semester (	Only   2nd Semester Onl	ly   Both Semesters		
Physical Address (s	treet address	only):			Pre-kindergarten/	'Kindergarten Only    □  2nd Semester Onl	lv □ Both Semesters		
,						-	both comeders		
						N/PREKINDERGARTEN: ild rides <u>with</u> other school-	age students also covered		
Distance from home Elementary <b>4.7</b>	e to nearest so HS <b>0</b>	chool (one wa	ay)		by this contract:				
·					To or from Schoo	top times per day, _ I times per day, _	days per week		
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	is stop, if an	y (one way)		Kindergarten ch	ild rides without other scho	ool-age students:		
□ Contract is for o	no wov only				To or from Schoo	top times per day, _ I times per day, _	days per week		
Students in Each Grade Le	, ,	the students to I	he covered by thi	is contract	Deadlines:				
					PARENTS: Due	to School Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	original to County Supt by Jul	ly 1, retain a copy for your		
Regular Trans					files.				
Spec. Ed. Trans						RINTENDENTS: Send origina	al to OPI by July 10, retain a		
·					copy for your files				
Room & Board					(F	REIMBURSEMENT R. or district, county and OPI	, <del>_</del>		
Correspondence					(1	or district, obdinty and or i	doc ciny)		
Reg.						Reimbursement rate is deterr	mined by		
Contingency Spec. Ed. Contin.						20-10-142, MCA.	Timed by		
opco. Lu. contin.									
Agreement betweer	n parent (pare	nt name)			, and school distri	ct (district name)	······································		
(county name)				County, hereina	fter referred to as the Dis	trict(s).			
	ansport or provide					chool is in session. The parent or guard	dian assures that a licensed and		
<ol><li>In March and June.</li></ol>	, the District shall p				ion for the distance reported on that ation upon certification by the tea	ne contract actually occurs. cher or principal of the school of the nu	umber of days the student(s) was		
	be computed on the				142, MCA, and the information ac				
4. This contract shall Elementary School			year or when the ard of Truste		er enrolled in school, whichever of	occurs first.	Date		
Blue Creek Elem High School District		Chair Box	ard of Truste	A9			Date		
Tigit School District	·	Cildii, BO	aru or muste				Date		
			I attes	t that the above	information is true and co	orrect.			
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	-2501	1	Due to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Con	tract	County		Legal Entity
Blue Creek Elem			Yellowstone		0968
High School or K-12 District Responsib	ole for Reimbursing	the Contract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and hi	gh school?			
Are you applying for isolation state		□ No	Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA		eased reimbursement		0011001	Ciudo
rates for special circumstances of isola increased rates, individual circumstance	es must be review	ed and approved by the	Student Name	School	Grade
trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov			0.1.11		
Check here only if increased payment District Trustees and the County Trans			Student Name	School	Grade
	Initials □ no		Student Name	School	Grade
	□ no □ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Susan Anderson			Pre-kindergarten/Kinder	rarten	
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters
			KINDERGARTEN/PRE		
Distance from home to nearest so Elementary 3.2 HS 0	hool (one way)		by this contract:		ge students also covered
Distance from home to nearest bu	is stop if any (or	ne way)	To or from School	times per day, _	days per week days per week
Elementary <b>0</b> HS <b>0</b>	is stop, if arry (or	ie way)	Kindergarten child ride To or from Bus Stop	times per day,	ol-age students: days per week days per week
□ Contract is for one-way only			10 or from School	times per day, _	days per week
Students in Each Grade Level - Only include	the students to be cov	vered by this contract.	Deadlines: PARENTS: Due to Scho	ool Clerk June 1	
Pre-K Total		1-8 9-12 otal Total			11 rotain a convitor your
Regular Trans	Total I	otai Totai	files.	to County Supt by July	/ 1, retain a copy for your
Spec. Ed. Trans			COUNTY SUPERINTEN copy for your files.	IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board				IMBURSEMENT RA	)TE
				rict, county and OPI	
Correspondence					
Reg. Contingency			Reimbi	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.				20-10-142, WCA.	
Agreement between parent (parer	nt name)		, and school district (distr	rict name)	······································
(county name)		County, hereir	nafter referred to as the District(s).		
		student(s) to and from the sch	nool or bus stop on the days when school is in		an assures that a licensed and
<ol><li>In March and June, the District shall p</li></ol>	nts. Mileage contracts eay the parent the sum	are valid only when transpor officially approved in the app	rtation for the distance reported on the contraction upon certification by the teacher or produced in the contraction of the teacher of produced in the contraction of the contraction o	ct actually occurs. rincipal of the school of the nur	nber of days the student(s) was
			10-142, MCA, and the information accompany onger enrolled in school, whichever occurs firs		
Elementary School District Blue Creek Elem	Chair, Board o				Date
High School District	Chair, Board o	f Trustees			Date
	<u> </u>	I attest that the above	ve information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	Helena, MT 59620-2501									
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	ounty	<u> </u>	Legal Entity		
Blue Creek Elen	n				Ye	ellowstone		0968		
High School or K-12 Di		ole for Reimbu	rsing the Conf	tract	Co	ounty		Legal Entity		
Is this contract share  □ yes □ no	ed between el	ementary ar	nd high scho	ol?						
Are you applying for			□ No		Student	Name	School		Grade	
(If yes, please attach	20-10-142, MCA	A, provides for								
rates for special circum increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and a	oproved by the	Student	Name	School		Grade	
Public Instruction. (10.7				e Office of	Student	Nome	Cabaal		Crada	
Check here only if incre District Trustees and th				proved by the	Student	name	School		Grade	
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade	
HS District Approval County Approval		□ no □ no			THIS CO	ONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S	1-12 emester Only	□ 2nd Semester Onl	v □ Both Se	mesters	
Tammi Eshbaug	jh					lergarten/Kinder		, = ===================================		
Physical Address (st	treet address	only):					□ 2nd Semester Only	y 🛛 Both Se	mesters	
							KINDERGARTEN:			
Distance from home	to nearest so	hool (one wa	ay)			garten child ride contract:	es with other school-a	age students a	Iso covered	
Elementary 3.1	HS <b>0</b>				To or fro	om Bus Stop	times per day, _	day	s per week	
Distance from home Elementary <b>0</b>	to nearest bu	is stop, if an	y (one way)		Kinderg To or fro	garten child ride om Bus Stop	times per day, _es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts: s per week	
□ Contract is for or	ne-way only				To or fro	om School	times per day, _	day	s per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadl		ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		to County Supt by Jul	y 1, retain a co	py for your	
Regular Trans					files.					
Spec. Ed. Trans						Y SUPERINTEN your files.	IDENTS: Send origina	ll to OPI by July	y 10, retain a	
Room & Board						RE	EIMBURSEMENT RA	ATE		
Correspondence						(For dist	rict, county and OPI	use only)		
Reg.										
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							· ·			
Agreement between	parent (parei	nt name)			, and scl	hool district (dist	rict name)		,	
(county name) The parties agree as follow				County, hereinaf	fter referred to a	as the District(s).				
<ol> <li>The parent shall tra</li> </ol>	nsport or provide t					days when school is in eported on the contract	session. The parent or guard	ian assures that a li	censed and	
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	approved in the applica	ation upon certification	on by the teacher or p	rincipal of the school of the nu	mber of days the stu	ident(s) was	
<ol> <li>This contract shall t</li> </ol>	terminate at the er	d of the school	year or when the	student(s) is no longe		nformation accompany whichever occurs firs		Dete		
Elementary School I Blue Creek Elem	STrict	Cnair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information is tr	rue and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary District Responsible for Reinhursing the Contract    Billue Creek Ellem		a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Is this contract shared between elementary and high school?    yes	Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Is this contract shared between elementary and high school?    yes	Blue Creek Flem	ì					Yellowstone		0968
Agreement between parent (parent name)  Regular Trans  Space. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Cor			le for Reimbu	rsing the Cont	ract				
Agreement between parent (parent name)  Regular Trans  Space. Ed. Trans  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Correspondence  Reg.  Room & Board  Correspondence  Reg.  Cor									
Student Name		d between el	ementary ar	nd high schoo	ol?				
Student Name	Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	lent Name	School	Grade
Inter for special crumstances of soliation of residence. In order to neceive increased rates, involvable circumstances must be reviewed and approved by the process of the states of the	(If yes, please attach	explanation)	provides for	increased rein	nbursement	Stuc	ient name	School	Graue
Check here only if increased payment due to isolation has been approved by the District finates and the County transportation Committee.  Elem District Approval   yes   no	rates for special circums increased rates, individu trustees of the district, ti	stances of isola ual circumstanc ne county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	receive proved by the	Stud	lent Name	School	Grade
Elem District Approval   yes	Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Parent or Guardian Name: (Please Print)   Pre-kindergarten (Nicholegarten   Pre-kindergarten (Nicholegarten (Nicholegarten   Pre-kindergarten (Nicholegarten   Pre-kindergarten (Nicholegarten (Nicholegarten   Pre-kindergarten (Nicholegarten (Ni	Elem District Approval	Initials  Elem District Approval □ yes □ no					lent Name	School	Grade
Terri Gillespie   Private and County   Both Semesters   Private and Address (street address only):   Both Semesters   Private address (street address):   Both Semesters	County Approval	□ yes □	no					DR:	
Physical Address (street address only):    Statement	Parent or Guardian N	lame: (Pleas	e Print)					□ 2nd Semester Only	y Both Semesters
Distance from home to nearest school (one way)  Elementary 5.8		only):						y    Both Semesters	
Elementary 5.8 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K   Total   Total   Total   Total   Total    Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency  Spec. Ed. Contin.  Reginate to be the special of the special only which is the special only when special only when the special only when transportation for the distance reported to the past sensitive that under or provide transportation for the student(s) to and from the school or bus stop on the days when school is in assession. The parent or guardian assures that a licensed and transportation for the student(s) to an drom the school or bus stop on the days when school is in assession. The parent or guardian assures that a licensed and transportation for the student(s) to solve the special only when the subscincil is no longer enrolled in school, whithever occurs first.  In payment shall be computed on the base of the schedule established is section 20-10-142, MCA, and the information accompanying this contract.  In the payment shall be computed on the base of the schedule established is secti			,						ge students also covered
Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K   Total   T			nooi (one w	ay)		To c	r from Bus Stop	times per day, _	days per week
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   Total   Total   Total   Total   Total     Regular Trans			s stop, if an	y (one way)		Kind	dergarten child ride	es without other school	ol-age students:
PRENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  Reg. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and the standard June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	□ Contract is for on	e-way only				100	or from School	times per day, _	days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District Shall park the parent the sum officially approved in the application by the teacher or principal of the school of the school of the school of Trustees  I attest that the above information is true and correct.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	Students in Each Grade Lev	el - Only include	the students to I	be covered by this	s contract.	Dea	adlines:	aal Clark luna 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)		_		-	-	CLE	RKS: Send origina		y 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans								
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)	Spec. Ed. Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Agreement between parent (parent name)	Room & Board							IIII DONOLIII I II	
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)							 Reimb	ursement rate is determ	 nined by
Agreement between parent (parent name)	• •								
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	parent (parer	nt name)			, and	d school district (dist	rict name)	,
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.		<u> </u>		(	County, hereinaf	ter referred	to as the District(s).		
transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	The parent shall transinsured driver will transition	sport or provide t ansport the studer	nts. Mileage cor	ntracts are valid o	nly when transportation	on for the dista	nce reported on the contra	ct actually occurs.	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Blue Creek Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	transported for the p	ast semester.				·		•	mber of days the student(s) was
Blue Creek Elem High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol> <li>This contract shall to</li> </ol>	erminate at the en	d of the school	ear or when the	student(s) is no longe				<u></u>
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.		istrict	Chair, Boa	ard of Trustee	es				Date
			Chair, Boa	ard of Trustee	es				Date
				I attest	that the above	information	is true and correct.		
	Signature - Parent or 0	Guardian						Date	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Blue Creek Elen	n					Yellowstone		0968
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ioni i vaino	Concor	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	ual circumstand the county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	Grade	
HS District Approval	Initials  Elem District Approval					dent Name	School	Grade
County Approval  Parent or Guardian		no				<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
	Name. (Fleas	e Fillit)			□ 1	st Semester Only	☐ 2nd Semester Only	y
Vicki Blain Physical Address (st	only):				kindergarten/Kinder st Semester Only		y	
Distance from home Elementary 4.5  Distance from home Elementary 0  Contract is for or Students in Each Grade Leter Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0 ne-way only	is stop, if an	y (one way)  De covered by this  1-8  Total	9-12 Total	Mine To co T	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho REKS: Send original or for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day,times per day,	days per week da
insured driver will tr 2. In March and June, transported for the The payment shall	rs:  Insport or provide to ansport the studer the District shall posats semester.  De computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			l attest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		1 alicol	at the above	omation	is true and correct.	Date	
-								

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 ia, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County		Legal Entity
Blue Creek Elen	n					Yellowstone		0968
High School or K-12 Di		ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?				
Are you applying for			□ No		Stuc	lent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased rein	nbursement	Otac	ioni vaine	0011001	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7	stances of isola ual circumstand the county trans	ition of resider ces must be re sportation com	nce. In order to eviewed and ap imittee, and the	proved by the	Stuc	lent Name	School	Grade
Check here only if incre District Trustees and th	eased payment	due to isolatio	n has been ap	proved by the	Stud	lent Name	School	Grade
Elem District Approval HS District Approval	Initials  Elem District Approval □ yes □ no					lent Name	School	Grade
	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian	Name: (Pleas	e Print)			□ 1	st Semester Only	□ 2nd Semester Only	y    Both Semesters
Wynn D. Tennys Physical Address (st	Wynn D. Tennyson Physical Address (street address only):						garten □ 2nd Semester Only	y    Both Semesters
Distance from home to nearest school (one way)  Elementary 5.5 HS 0  Distance from home to nearest bus stop, if any (one way)  Elementary 0 HS 0  Contract is for one-way only  Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Reimbursement rate    Contingency   Contingency							times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week  y 1, retain a copy for your I to OPI by July 10, retain a  ATE use only) nined by
insured driver will tr 2. In March and June, transported for the 3. The payment shall	rs:  Insport or provide to ansport the studer the District shall posats semester.  De computed on the erminate at the en	ransportation for this. Mileage cor ay the parent the the basis of the so d of the school of	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certif 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			Lattest	that the above i	information	is true and correct.		
Signature - Parent or	Guardian		ı allest	uiai iiie above i	momation	is true and correct.	Date	

Address, City, Zip Code

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 la, MT 59620			_	school Year 2005- 200 e to School Clerk Jun				
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity		
High School or K-12 Dis	strict Responsil	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Custer K-12 Sch	ools		· ·		Yellowsto	one	0975		
Is this contract share		ementary an	d high scho	ol?					
<ul><li>☐ yes</li><li>☐ no</li><li>Are you applying for</li></ul>	isolation stat	us? □ Yes	□ No						
(If yes, please attach	explanation)	1		mhursement	Student Name	School	Grade		
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the mittee, and the mittee, and the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade		
Check here only if incre District Trustees and th	ased payment	due to isolation	n has been ap imittee.	proved by the	Student Name	School	Grade		
Elem District Approval		□ no	tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian I	Name: (Pleas	e Print)			☐ 1st Semester	Only   2nd Semester C	Only   Both Semesters		
Stuart & Colleen Physical Address (st		only):			Pre-kindergarten	′Kindergarten Only □ 2nd Semester 0	Only ☐ Both Semesters		
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>21.6</b> to nearest bu HS <b>15</b> ne-way only	us stop, if any	y (one way)	is contract.  9-12 Total	KINDERGARTEI Kindergarten ch by this contract To or from Bus S To or from School Kindergarten ch To or from School To or from School Deadlines: PARENTS: Due CLERKS: Send files.  COUNTY SUPER copy for your files	M/PREKINDERGARTEN: ild rides with other school top times per day il times per day ild rides without other sc top times per day ild rides without other sc top times per day it to School Clerk June 1. original to County Supt by c RINTENDENTS: Send orig	days per week days per week hool-age students: days per week  July 1, retain a copy for your inal to OPI by July 10, retain a  RATE PI use only)		
insured driver will tr.  In March and June, transported for the payment shall the This contract shall the shall the transported for the payment shall the payment	s: nsport or provide ansport the stude the District shall p aast semester. be computed on the	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) to tracts are valid of e sum officially a chedule establish wear or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the Dis	chool is in session. The parent or gue contract actually occurs. cher or principal of the school of the ecompanying this contract.	number of days the student(s) was		
Elementary School [	STRICT	,	ard of Truste				Date		
High School District Custer K-12 Schools	S	Chair, Boa	ard of Truste	es 			Date		
Signatura Bassari	Cuandis		I attes	t that the above	information is true and c				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Elementary Dentist Responsible for Reimbursing the Contract    County   County   Dentist Responsible for Reimbursing the Contract   County   Legal Entity   Dentist Responsible for Reimbursing the Contract   County   Legal Entity   Dentist Responsible for Reimbursing the Contract   County   Legal Entity   Dentist Responsible for Reimbursing the Contract   County   Legal Entity   Legal Entity   Dentist Responsible for Reimbursing the Contract   County   Legal Entity   Legal Entity   Legal Entity   Dentist Responsible for Reimbursing the Contract   Legal Entity   Legal Ent		na, MT 59620	-2501		Dι	ue to Schoo	ol Clerk June 1		
Is this contract shared between elementary and high school?  yes	Elementary District Re	sponsible for Re	eimbursing the	Contract			County	1	Legal Entity
Is this contract shared between elementary and high school?  yes	Broadview Flem	1					Yellowstone		0978
Are you applying for isolation status? Yes			ole for Reimbu	rsing the Cont	ract				
Are you applying for isolation status? Yes									
Student Name		ed between el	ementary ar	nd high school	ol?	<u>'</u>			
Student Name School Grade  THIS CONTRACT IS FOR:  Grade Student Name School Grade  THIS CONTRACT IS FOR:  Grade Student Name School Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Stemester Only 2 2nd Semester Only 3 Both Semesters  Student Name School Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Stemester Only 2 2nd Semester Only 3 Both Semesters  KINDERGARTEN/PREKINDERGARTEN  Kindergarten child rides with other school-age students also covered  by this contract:  In standard Student Name School Grade  THIS CONTRACT IS FOR:  Grades 1-12  Ist Stemester Only 2 2nd Semester Only 3 Both Semesters  KINDERGARTEN/PREKINDERGARTEN  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  Kindergarten child rides without other orday days per week  To or				□ No		Stud	ent Name	School	Grade
Interest of special crounstances of soliation of residence. In order to receive immorased rates, involvable circumstances and a provised of the provise immoration (10.7.16 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the posterior function (10.7.16 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the posterior function of the posterior function (10.7.16 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the posterior function (10.7.16 ARM provides guidelines for such.)  Check here only if increased payment due to isolation has been approved by the posterior function (10.7.16 ARM provides guidelines for such.)  Florent or Guardian Name: (Please Print)  Chris & Christal Hickson  Physical Address (street address only):  Distance from home to nearest school (one way)  Elementary 0 HS 0  Distance from home to nearest school (one way)  Elementary 1 HS 0  Contract is for one-way only  Superest in Each Grace Level-Only include the sluckers to be covered by this contract:  To or from Bus Stop times per day, days per week  Correspondence  Regular Trans  Spec. Ed. Trans  Correspondence  Reg.  Contingency  Spec. Ed. Contin.  Agreement between parent (parent name)  County name)  County name  County name approved the substance of the school for the such or the substance of the principation for the substance of the school of the such or days the substance of the principation for the substance of principation for the substance of principation for the substance of principation fo	(If yes, please attack ISOLATION: Section 2	h explanation) 20-10-142, MCA	A, provides for	increased reir	nbursement	1	on rume	0011001	Ciudo
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.  Elem District Approval   yes   no	rates for special circum increased rates, individual trustees of the district,	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and apprinted in the contract of the	o receive oproved by the	Stud	ent Name	School	Grade
Elem District Approval   yes	Check here only if incre	eased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Parent or Guardian Name: (Please Print)   Parent Name Name Name Name Name Name Name Name	Elem District Approval	□ yes	In □ no			Stud	ent Name	School	Grade
Statement between parent (parent name)								DR:	
Chris & Christal Hickson Physical Address (street address only):    Distance from home to nearest school (one way)   Elementary 0	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Only	✓ □ Both Semesters
Physical Address (street address only):    Statement	Chris & Christal	Hickson					•	·	,
Distance from home to nearest school (one way)  Elementary 0		only):							
Distance from home to nearest school (one way)  Elementary 0						KINE	ERGARTEN/PREI	(INDERGARTEN:	
Statementary 7 HS 0			chool (one wa	ay)		Kind by th	ergarten child ride	es <u>with</u> other school-a	
Students in Each Grade Level - Only include the students to be covered by this contract.    Pre-K   K   Total   Total   Total   Total   Total   Total     Regular Trans			ıs stop, if an	y (one way)		<b>Kind</b> To o	ergarten child ride from Bus Stop	es <u>without</u> other school times per day, _	ol-age students: days per week
PARENTS: Due to School Clerk June 1.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  Reg. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parent shall fund unamport the students (b) be and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and the standard June. The District shall pay the parent the sum officially approved in the population for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the special propried for the past semester.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.	□ Contract is for or	ne-way only				100	Trom School	times per day, _	days per week
Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)  County, hereinafter referred to as the District (s).  The parties agree as follows:  1. The parent shall transport dor provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District Shall park the parent the sum officially approved in the application by the teacher or principal of the school of the school of the school of Trustees  I attest that the above information is true and correct.  CLERKS: Send original to County Supt by July 1, retain a copy for your files.  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	Students in Each Grade Le	evel - Only include	the students to I	be covered by thi	is contract.	Dea	dlines:	aal Clark lung 1	
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)					-				y 1, retain a copy for your
Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Regular Trans						· ·		
Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport for provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees  Date  High School District Chair, Board of Trustees  I attest that the above information is true and correct.	Spec. Ed. Trans							IDENTS: Send origina	I to OPI by July 10, retain a
Reimbursement rate is determined by 20-10-142, MCA.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  In March and June, the District shall pay the parent the sum officially approved in the application upon certification upon certification upon destination by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Chair, Board of Trustees Date  High School District Chair, Board of Trustees  Date  I attest that the above information is true and correct.	Room & Board								
Agreement between parent (parent name)	Correspondence						(For dist	rict, county and OPI	use only)
Agreement between parent (parent name)	•						Reimb	ursement rate is determ	nined by
Agreement between parent (parent name)	0 ,								
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.									
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the school established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.	Agreement between	n parent (parei	nt name)			, and	school district (dist	rict name)	, , , , , , , , , , , , , , , , , , ,
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Date  High School District  Chair, Board of Trustees  I attest that the above information is true and correct.					County, hereina	fter referred	to as the District(s).		
2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Broadview Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol> <li>The parent shall tra</li> </ol>	ansport or provide							ian assures that a licensed and
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Broadview Elem  High School District  Chair, Board of Trustees  Date  I attest that the above information is true and correct.	<ol><li>In March and June,</li></ol>	, the District shall p							mber of days the student(s) was
Elementary School District Broadview Elem  High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	<ol><li>The payment shall</li></ol>	be computed on the	ne basis of the so	chedule establish year or when the	ned in Section 20-10- student(s) is no long	142, MCA, and the enrolled in school	ne information accompany nool, whichever occurs firs	ring this contract. t.	
High School District Chair, Board of Trustees Date  I attest that the above information is true and correct.	Elementary School								Date
			Chair, Boa	ard of Truste	es				Date
			1	l attes	t that the above	information	s true and correct		
	Signature - Parent or	Guardian		. 41.00				Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Huntley Project	K-12 Scho	ols			Yellowstone		0983
Is this contract share □ yes □ no	ed between e	lementary an	d high school	ol?			
Are you applying for (If yes, please attack			□ No		Student Name	School	Grade
ISOLATION: Section :	20-10-142, MC	A, provides for					
increased rates, individual trustees of the district, Public Instruction. (10.)	fual circumstant the county trans	ces must be resportation com	viewed and apmittee, and the	oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		□ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	•	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kenneth Ufflema Physical Address (s		only).			Pre-kindergarten/Kinder		
,		oy/.			□ 1st Semester Only  KINDERGARTEN/PRE		y □ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for or Students in Each Grade Let	HS 28 e to nearest bu HS 8 ne-way only	us stop, if any	y (one way)	is contract.	Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week
Otaao.iio iii 2aoii Otaao 20	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	<b>CLERKS:</b> Send origina files.	l to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	oursement rate is determ 20-10-142, MCA.	nined by
Spec. Lu. Contin.							
Agreement between	n parent (pare	nt name)		1	, and school district (dist	rict name)	
insured driver will to 2. In March and June, transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on t	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s)  I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School		_	ard of Truste				Date
High School District Huntley Project K-12		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Conf	tract	County		Legal Entity
Huntley Project	K-12 Scho	ols			Yellowstone		0983
Is this contract share □ yes □ no	ed between e	lementary an	d high school	ol?			
Are you applying for (If yes, please attack			□ No		Student Name	School	Grade
ISOLATION: Section :	20-10-142, MC	A, provides for					
increased rates, individual trustees of the district, Public Instruction. (10.)	fual circumstant the county trans	ces must be resportation com	viewed and apmittee, and the	oproved by the	Student Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		□ no	tials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	•	e Print)			☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Kenneth Ufflema Physical Address (s		only).			Pre-kindergarten/Kinder		
,		oy/.			□ 1st Semester Only  KINDERGARTEN/PRE		y □ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for or Students in Each Grade Let	HS 28 e to nearest bu HS 8 ne-way only	us stop, if any	y (one way)	is contract.	Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day,tes without other school_times per day,times per day,	days per week days per week ol-age students: days per week days per week days per week days per week
Otaao.iio iii 2aoii Otaao 20	Pre-K	K	1-8	9-12	PARENTS: Due to Sch	ool Clerk June 1.	
	Total	Total	Total	Total	<b>CLERKS:</b> Send origina files.	l to County Supt by July	/ 1, retain a copy for your
Regular Trans						NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	oursement rate is determ 20-10-142, MCA.	nined by
Spec. Lu. Contin.							
Agreement between	n parent (pare	nt name)		1	, and school district (dist	rict name)	
insured driver will to 2. In March and June, transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on t	nts. Mileage con pay the parent the	the student(s) to stracts are valid of e sum officially a chedule establish	o and from the schoo only when transportat approved in the applic and in Section 20-10-	fter referred to as the District(s)  I or bus stop on the days when school is in ion for the distance reported on the contra ation upon certification by the teacher or pure 142, MCA, and the information accompaner enrolled in school, whichever occurs fire	n session. The parent or guardict actually occurs. principal of the school of the nur ying this contract.	
Elementary School		_	ard of Truste				Date
High School District Huntley Project K-12		Chair, Boa	ard of Truste	es			Date
			l attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 20 e to School C			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Соц	ınty	<u> </u>	Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	sing the Cont	ract	Cou	ınty		Legal Entity
Huntley Project	K-12 Scho	ols			Ye	llowstone		0983
Is this contract shar			d high school	ol?	<u>'</u>			
<ul><li>□ yes</li><li>□ no</li><li>Are you applying fo</li></ul>	r isolation stat	us?  \[ Yes	□ No		04	Managara	Ochool	Orada
(If yes, please attaction: Section	h explanation	)	increased reir	mbursement	Student I	Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolation sportation Com	n has been ap mittee.	proved by the	Student I	Name	School	Grade
Elem District Approval		□ no	tials		Student	Name	School	Grade
HS District Approval County Approval		□ no				NTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se	emester Only	□ 2nd Semester Only	y Both Semesters
Manuel Murillo Physical Address (s	only):				ergarten/Kinder emester Only	garten □ 2nd Semester Only	y □ Both Semesters	
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for o Students in Each Grade L  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 e to nearest by HS 18 ne-way only evel - Only include  Pre-K Total	the students to b	e covered by the	9-12 Total	Kinderg. by this of To or fro To or fro Kinderg. To or fro To or fro To or fro Cor fro CLERKS files. COUNTY copy for	arten child ride contract: m Bus Stop m School arten child ride m Bus Stop m School m School  res: S: Due to Sch S: Send origina  Y SUPERINTEN your files.  Reimb	times per day,times per day,	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude t, the District shall past semester. be computed on ti terminate at the e	transportation for nts. Mileage confo pay the parent the the basis of the sc and of the school y	the student(s) to tracts are valid of e sum officially a hedule establish ear or when the	only when transportation pproved in the application and in Section 20-10-10 student(s) is no longe	ter referred to a or bus stop on the da on for the distance re tition upon certification 42, MCA, and the inf	ays when school is in ported on the contra n by the teacher or portain accompany	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
Elementary School		,	rd of Truste					Date
High School District Huntley Project K-1		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is tru	ue and correct.		
Signature - Parent or	Guardian				_	_	Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Cont	ract	County		Legal Entity
Huntley Project	K-12 Scho	ols			Yellowstone		0983
Is this contract share  □ yes □ no	ed between e	lementary an	d high school	ol?			
Are you applying for (If yes, please attac	h explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circum increased rates, individual trustees of the district.	nstances of isolations of isol	ation of resident ces must be resportation com	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.)  Check here only if incredistrict Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters
Roger Reitman Physical Address (s	traat addrass	only):			Pre-kindergarten/Kinder		- 5 4 6
1 Hysical Address (s	irect address	Omy).			<ul> <li>1st Semester Only</li> <li>KINDERGARTEN/PRE</li> </ul>	·	y □ Both Semesters
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for one	HS 18 to nearest but HS 4.1	·	• /		Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day,times per day,times per day, times per day, es <u>without</u> other schooltimes per day,	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Deadlines: PARENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		/ 1, retain a copy for your
Regular Trans					files.	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TDENTO: Gend ongina	Tto Of 1 by July 10, retain a
Room & Board					RI	EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.					_		
Contingency Spec. Ed. Contin.					Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Agreement betweer	n parent (pare	nt name)			, and school district (dist	rict name)	
insured driver will t 2. In March and June transported for the 3. The payment shall	ansport or provide ransport the stude , the District shall past semester. be computed on t	nts. Mileage con pay the parent the	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is in one for the distance reported on the contration upon certification by the teacher or part of the distance of the	n session. The parent or guardi ct actually occurs. vincipal of the school of the nur ying this contract.	
Elementary School		Chair, Boa	rd of Truste	es			Date
High School District Huntley Project K-12		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian	·	<u> </u>			Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 a, MT 59620	-2501		Du	e to School	Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract		С	ounty	<u> </u>	Legal Entity	
Shepherd Elem					Y	'ellowstone		0985	
High School or K-12 Dis	strict Responsib	le for Reimbur	sing the Cont	ract		ounty		Legal Entity	
Shepherd H S					Y	'ellowstone		0986	
Is this contract share □ yes □ no	ed between ele	ementary and	d high schoo	ol?					
Are you applying for (If yes, please attach	explanation)		□ No		Studen	t Name	School		Grade
rates for special circum- increased rates, individual trustees of the district, t	stances of isola ual circumstanc	tion of residen	ce. In order to riewed and ap	o receive oproved by the	Studen	t Name	School		Grade
Public Instruction. (10.7				e Office of	Ctudon	t Name	Sahaal		Crado
Check here only if incre District Trustees and the	eased payment of e County Trans	portation Com	mittee.	proved by the	Studen	t ivame	School		Grade
Elem District Approval HS District Approval		Init □ no □ no	ials 			t Name	School		Grade
County Approval		no			THIS C Grades	ONTRACT IS FO 1-12	<u>PR:</u>		
Parent or Guardian N	vame: (Please	e Print)			☐ 1st \$	Semester Only	□ 2nd Semester Only	/ □ Both Sei	mesters
Lori Williams Physical Address (st	only):				dergarten/Kindero Semester Only	garten □ 2nd Semester Only	v □ Both Sei	mesters	
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Lee  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 6.5 to nearest bu HS 6.5 ne-way only vel - Only include:  Pre-K Total	s stop, if any	e covered by thi	9-12 Total	Kinder by this To or fr To or fr Kinder To or fr To or fr  Dead PAREN CLERN files. COUN copy fo	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop om School lines: ITS: Due to Scho (S: Send original TY SUPERINTEN r your files.  RE (For distr	to County Supt by July DENTS: Send original IMBURSEMENT RA rict, county and OPI ursement rate is determ 20-10-142, MCA.	days days ol-age student days days 1, retain a cop to OPI by July ATE use only)	s per week s per week s: s per week s per week
(county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will trainsured and June, transported for the payment shall trainsured.	s: nsport or provide to ansport the studer the District shall p past semester. De computed on the erminate at the en	ransportation for its. Mileage contay the parent the e basis of the sci d of the school year. Chair, Boa	the student(s) to tracts are valid of sum officially a	County, hereinaf o and from the school only when transportation proved in the applicated in Section 20-10-1 student(s) is no longe	ter referred to or bus stop on the on for the distance ation upon certificat 42, MCA, and the	as the District(s). days when school is in reported on the contract	incipal of the school of the nun ing this contract.	an assures that a lic	
Shepherd H S		, 234						- /-	
Signatura Barant	Guardian		I attest	t that the above i	information is	true and correct.	Data		
Signature - Parent or	Guardian						Date		